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ABSTRACT

The objectives of this study were to determine the extent to which private enterprise could participate in the vocational rehabilitation of the discharged psychiatric patient and to evaluate the effects of rehabilitation services on the community adjustment of such patients. A total of 202 subjects were randomly assigned to three research groups: those having available the services of the agency, those having vocational counseling services only, and those in a control group limited to other existing community facilities. Over 40 business firms provided temporary work opportunities for 160 subjects at any one time, with wages totalling over $300,000 a year. At the end of the study, rehospitalization rates for agency subjects were lower, but not significantly, than the other research groups. However, for subjects entering the study within 4 months of leaving the hospital the reduction in rehospitalization rates for agency subjects was significant. Work exposure was secured for 85 percent of agency subjects, including transitional employment, compared to 57 percent for control and vocational counseling groups. A third of all agency subjects failed to utilize services beyond 20 visits, exhibiting a high drop-out rate. (Author)

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AN EVALUATION OF REHABILITATION SERVICES AND THE ROLE OF INDUSTRY IN THE COMMUNITY ADJUSTMENT OF PSYCHIATRIC PATIENTS FOLLOWING HOSPITALIZATION

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Fountain House Foundation, Inc.
425 West 47th Street
New York, N. Y. 10036

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A Final Report

by

James R. Schmidt and Julius J. Nessel, Project Directors,
and Thomas J. Malamud, Research Director.

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July 1969

Significant Findings for Rehabilitation (and Social Service) Workers

This study has demonstrated that commerce and industry can participate in the rehabilitation of psychiatric patients following hospitalization. Over 40 employers provided temporary work opportunities for 160 patients a day, with earnings totalling over $300,000 a year. In this program, known as Transitional Employment, patients were able to work in industry on both an individual or on a group basis with other patients.

Subjects receiving rehabilitation services had a slightly lower employment rate than Controls at the end of the 18 month research period. Not included were subjects who were on transitional employment during the final three months of the study. When such work was included, 47% of Fountain House subjects were wage earners, as compared to 37% in the Control group. Over the study period, 86% of Fountain House subjects had work experiences either through jobs of their own or through the Transitional Employment Program, as compared to 57% in the Control group and 57% in a third research group which did not receive the services of the agency but was provided vocational counseling services.

The rehospitalization rate at the end of the study was lowest for agency subjects, but the differences were not significant. The difference, however, between the agency group and the Control group was consistent with an earlier study where significance was not found until an additional six months' period had lapsed. In that study, the reduction in rehospitalization rates was significant at the .02 level.

For subjects offered rehabilitation services within four months of leaving the hospital, a significant reduction in rehospitalization rates occurred. This finding is consistent with the principle of providing rehabilitation services not only during hospitalization, but also immediately following the return of the patient to the community.

Availability of rehabilitation services is not equivalent to the utilization of such services by the vocationally disabled patient. Almost 30% of all subjects who were offered services on a five-day-a-week basis failed to make more than 20 visits to the facility.

The dropout rate is even more pronounced with respect to an evening program of social-recreational activities. Over 51% failed to attend more than four times during the entire course of the study.

We believe that interpretation of findings in the present study was limited by the 18 month period available for both service and follow-up. This view is in keeping with earlier research by the agency which indicated that the effects of rehabilitation services at 18 months cannot be sufficiently evaluated, compared to a 24 month period.

ACKNOWLEDGEMENT

The Fountain House staff and the Board of Directors wish to express their appreciation to the Social and Rehabilitation Service, Department of Health, Education & Welfare, for their interest and financial support which made possible this demonstration-research study. Our agency was provided with the opportunity to develop and expand our Transitional Employment Program and to evaluate the extent to which the rehabilitation services of Fountain House facilitate the community adjustment of the men and women we serve. The study was most in keeping with our concerns and our objectives and we have had a rewarding experience.

We also must acknowledge the contributions which so many of the Fountain House staff have made towards the design of the study and its instruments, the providing of rehabilitation services to our members, and the collection and analysis of data. While all of our staff assisted in the growth of our Transitional Employment Program, we mention particularly Miss Esther Montanez who was so deeply concerned with creating additional work opportunities in commerce and industry for the members of Fountain House.

The systematic collection of data throughout the research study period would not have been possible without the consistent efforts of our research sociologist, Raymond Pitt, Ph.D., and the various staff, both full and part-time, who assisted him. Similarly, we are grateful to Mr. Ira Shoenfeld who provided the vocational counseling services to one of the research groups. In the preparation of this report, special mention must be made of the contribution of Arthur Meinzer who, as a member of our research staff, was concerned with the procedures of statistical analysis, and also of David Spierman who assisted in this work.

Lastly, we are grateful to the members of Fountain House who, in so many ways, helped provide the rehabilitation services with which this study is concerned, as well as the many ways in which they assisted in the preparation of this report.

James R. Schmidt
Julius J. Nessel
Thomas J. Malamud

New York City
July, 1969

TABLE OF CONTENTS

Page

I. Introduction 1

II. The Rehabilitation Services of Fountain House 5

III. Methodology 15

IV. Attendance 27

V. Rehospitalization 41

VI. Employment 51

VII. Summary 63

VIII. Appendix

Rehabilitation at Fountain House, A Paper by J. J. Nessel and J. H. Beard, presented at Kansas State University, October, 1968 71

Private Enterprise and the Vocational Rehabilitation of the Psychiatric Patient, A Paper by J. H. Beard and T. J. Malamud, presented at Hyannis, Massachusetts, April, 1969 81

Not So Usual Dedication, A Reprint of an Article by Howard A. Rusk, M.D., New York Times, December, 1965 91

Mental Rehabilitation, A Reprint of an Article by Howard A. Rusk, M.D., New York Times, February, 1968 93

Transcript of Members' Comments concerning Transitional Employment 95

Transcript of Employers' Comments concerning Transitional Employment 103

Manhattan Project, A Reprint of an Article describing the Transitional Employment Program at Sears, Roebuck & Company, Sears East Wind, Winter Issue, 1969 109

Variables Tested for Comparability of Research Groups 119

Distribution of Characteristics in the SRS Study Research Groups 121

Background Characteristics and Rehospitalization 129

Background Characteristics and Employment 132

Further Description of Instruments Used 135

Application for Members in the Fountain House Program 141

Intake Subject Form 145

Design of the NIMH Study 157

Description of NIMH Study Population 160

Research Brief 161

ABSTRACT

The objectives of this study were two-fold: to determine the extent to which private enterprise could participate in the vocational rehabilitation of the discharged psychiatric patient and to evaluate the effects of rehabilitation services on the community adjustment of such patients.

A total of 202 subjects were randomly assigned to three research groups: those having available the services of the agency (FH); those having vocational counseling services only (CPS); and those in a Control group limited to other existing community facilities (C).

Over 40 business firms provided temporary work opportunities for 160 subjects at any one time, with wages totalling over $300,000 a year. At end of study, rehospitalization rates for agency subjects were lower, but not significantly, than the other research groups. However, for subjects entering study within four months of leaving hospital, the reduction in rehospitalization rates for agency subjects was significant. Work exposure was secured for 85% of agency subjects, including transitional employment, compared to 57% for Control and CPS groups. A third of all agency subjects failed to utilize services beyond 20 visits, exhibiting a high drop-out rate.

Chapter I

INTRODUCTION

Since its establishment in 1948, Fountain House has been concerned chiefly with facilitating the community adjustment of psychiatric patients following their hospitalization in mental institutions. Fountain House is neither a clinic nor a psychiatric hospital. Its origins go back to the 1940's when a group of patients at Rockland State Hospital, with the help of a dedicated volunteer, formed an organization known as W.A.N.A., and abbreviation for the words "We Are Not Alone." The purpose of the group was to find ways which they, as patients, could be of help to each other in overcoming the many problems they would face on leaving the hospital and returning to the community.

The charter members of W.A.N.A. believed that they could provide crucial and sometimes unique assistance to other patients in the hospital, and that their newly founded organization would greatly alleviate the feelings of isolation and rejection which so many psychiatric patients experienced upon returning to the community. Through their dedication and the help of a volunteer, Elizabeth Schermerhorn, as well as doctors within the hospital and individuals in the community, the patient club known as W.A.N.A. continued to grow inside the hospital. Regular meetings were held in New York City in a variety of places: on the steps of the public library at 42nd Street and Fifth Avenue, at various coffee shops, and in space provided by the YMCA.

To patients leaving the hospital, a warm welcome was extended. Also, regular visits to the hospital were made in the belief that many patients could obtain discharges if only their cases could be brought to the attention of hospital personnel. The opportunity to meet with others at club meetings was felt to be most helpful in alleviating the feelings of loneliness and the stigma of having been in a mental institution. The members of the club also sought ways to be of assistance to each other with reference to such problems as finding a place to live, securing public welfare, or applying for a job.

In the club, every effort was made to avoid a clinical or institutional atmosphere. Individual or group therapy, for example, was not regarded as an appropriate activity within the club setting. The emphasis was on mutual and self help rather than professional services or techniques. Member participation in the activities of the club was fundamental, as the members of W.A.N.A. believed that many of their difficulties were due less to their psychiatric illness than to their experiences in the hospital, and, in particular, to the failure of the community to provide them with a meaningful role after leaving the hospital.

In June of 1948, through the dedicated efforts of Elizabeth Schermerhorn and Mrs. Hetty Richard, an unusual woman who for many years had been sensitive to the plight of the mentally ill in our nation, a small, four-story brownstone on West 47th Street, a few blocks from Times Square, in New York City, was purchased to house the growing

8

activities of W.A.N.A. A Board of Directors of interested citizens was formed, and the name of W.A.N.A. was changed to "Fountain House," due largely to the renewing qualities of a small, charming fountain located in the patio of the new clubhouse. The new name was appealing in that it would not identify the purposes of the organization.

No longer was it necessary to hold meetings in public places or in borrowed facilities. Occupying the new clubhouse was an exciting event for the members, volunteers, and the Board of Directors. Everyone participated in the refurbishing of the house, from scrubbing floors to painting walls. The organization looked forward to the future as an opportunity to provide a humanistic experience for the returning mental patient and to create programs for the members which would facilitate their social and vocational adjustment and reduce the high incidence of rehospitalization.

As the years passed, an increasingly comprehensive program of rehabilitation services was developed. Membership at Fountain House continued to grow. In the early years, the clubhouse was used primarily in the evenings, but by the mid-fifties a day-time program had been created: a program designed to utilize the vocational potential of unemployed members in operating the club's growing activities. An apartment program was initiated to help meet the members' residential needs. A relationship with commerce and industry was established in an effort to provide new vocational opportunities for those members unable to secure jobs of their own. In the early years, from 1948 through the mid-fifties, it was rewarding to the members, staff and directors to see similar organizations,many of them modelled after Fountain House, established elsewhere in the nation.

As with other institutions in our society, the validity of Fountain House was not required to be based upon experimental or research findings. It was believed that the programs of the agency facilitated community adjustment, but whether or not this was factually correct was not a major concern. The basis for the organization's work rested upon a humanistic value, one which stressed the importance of people feeling better about their lives, even if such indices of adjustment as employment or rehospitalization were not influenced. To a large extent, this view is still primary in the value system of Fountain House. It is consistent, we believe, with the longer range view that to help people live more comfortably with their difficulties is a sound basis on which to conduct the search for those rehabilitative procedures which will maximize the psychiatric patient's capacity for a social and vocational adjustment.

As to research, it was not until 1959 that Fountain House was first able to secure an indication of the extent to which its programs influenced the community adjustment of its members. Through a grant from the National Institute of Mental Health, a study was initiated, utilizing control groups, which supported the view that returning mental patients who had the services of Fountain House available to them had a significantly lower rehospitalization rate than subjects in a control group which did not have access to the agency.[1] Frequent reference to this NIMH study will be made in this report, as the subjects in both the NIMH and the SRS studies are similar in many respects and the findings of the earlier study are helpful in our interpretation of the findings of the Social and Rehabilitation Service study.

It should be noted that the scope of the present study is far more extensive than that of the NIMH study. For example, in the SRS study we not only attempted to evaluate the influence of Fountain House with respect to rehospitalization and employment, but, in addition, attempted to develop within commerce and industry a large-scale program of transitional employment for Fountain House members. We also secured in the SRS study far more detailed information with respect to the clinical comparability of research groups.

A further goal of the SRS study was to increase, if possible, the exposure of experimental subjects to the agency's rehabilitation services so that a more valid appraisal could be made of the effectiveness of such services. Also, research subjects in the SRS study included a sub-group of subjects who had been out of the hospital from four months to two years before coming to Fountain House, in contrast to those assigned to the NIMH study, all of whom had been admitted to the agency within four months of leaving the hospital.

Rather than evaluate the adjustment of two research groups, one having the services of Fountain House available to them, the other receiving only the services of the community at large, we established a third research group in the SRS study which would receive the services of a vocational counselor. Such services would be provided entirely outside the Fountain House environment. This would permit us to evaluate the comprehensive services of Fountain House, in contrast to a group of subjects receiving the more traditional services of a vocational counselor or a group of subjects who would have available to them only the services of the community at large.

In the presentation of this report, we will review in Chapter II the facilities of Fountain House and the services provided by the agency.

In Chapter III, the methodology utilized in the study will be detailed, and the comparability of the three research groups discussed.

In Chapter IV we examine the attendance patterns of Fountain House subjects, this being the primary measure of the extent to which they were exposed to the experimental influences contemplated in the study. Attendance patterns are also discussed with reference to demographic data, as well as clinical and other background information.

Chapter V presents the incidence of rehospitalization for subjects in each of the three research groups. Such information is also analyzed with reference to the attendance patterns of Fountain House subjects as well as other study information.

The vocational adjustment of research subjects is discussed in detail in Chapter VI, with special attention being given to those subjects in the study who appeared to benefit most from the rehabilitative services of Fountain House.

Lastly, in Chapter VII, we summarize what we regard as the study's important findings, including implications for further research and program modifications suggested by the research findings.

Footnote

1. The design of the NIMH study and a description of the study population are presented in the Appendix.

Chapter II

THE REHABILITATION SERVICES OF FOUNTAIN HOUSE

The Old Fountain House

From 1948 through 1964 the services of Fountain House were provided in a small brownstone located a few blocks from Times Square at 412 West 47th Street, New York City. As the building was a private residence for many years, it was homelike and non-institutional. The four floors of the building contained a small kitchen and dining room on the first floor and an outdoor patio with a fountain. Because the kitchen immediately adjoined the front entrance, there was no reception office, and the new applicant's first view of the facility was of the activities in the kitchen. A living room and television lounge were located on the second floor, including a small interviewing room. The third floor provided space for administrative functions, the top floor consisting of a member library and two rooms in which members performed a variety of clerical functions. The building contained some 5,000 square feet and could accommodate at one time some 75 members in the day program or in the evening recreational program.

The New Facility

Fountain House membership increased from year to year and by the 1960's the clubhouse, which was the only one of its kind in New York City, could no longer accommodate the growing membership. In 1963, the decision was made to construct a new facility, one which would be designed to facilitate the rehabilitation functions of Fountain House. A total of two million dollars was raised, including almost $400,000 in Hill-Burton funds, and the building was completed by the end of 1965 on a previously vacant lot which was located across the street from the clubhouse.

The new clubhouse is a Georgian Colonial structure providing over 30,000 feet of space. Every effort was made to maintain the informal, non-institutional character of the original Fountain House. On the fifth floor of the new building is an attractive snack bar with a pleasant outdoor patio. The fourth floor consists of a large clerical training area, a classroom, and a room for art activities. On the third floor is a beauty shop and a sewing room, as well as an area for staff office functions. Three attractive interviewing rooms are available on this floor when individual interviews are required. The second floor contains a music room, a library, a small lounge, and a generous terrace with flower beds and a fountain. Administrative space is also provided on the second floor. On the main floor, just off the front foyer, is an attractive reception room, an interviewing room and a lovely large living room. The first floor also contains a television lounge, a photo dark room, and a large area for table games. Space is also provided for the transitional employment office, the membership office where members can check their coats and pick up their mail, and a third office for our transitional employment program and staff who assist members in securing employment. In the basement is a modern kitchen, with a large dining room which presently serves lunch to over 250 members a day. Immediately adjoining the dining room is an auditorium with a well equipped stage.

Hours of Service

The clubhouse is open to its members seven days a week throughout the entire year. On weekdays, during daytime hours, the facility is concerned primarily with activities designed to strengthen the vocational functioning of its members. A social-recreational program is provided on Wednesday and Thursday evenings, Saturday nights and Sunday afternoons, and on holidays throughout the year.

Social-Recreational Program

When Fountain House was founded, in 1948, an emphasis was placed on the importance of members having the opportunity to meet with each other in a social setting where they would not experience feelings of isolation or rejection. Throughout the years Fountain House has placed great value on the opportunity for members to engage in mutual support and to meet with others who have had similar difficulties. The evening and weekend program provides members with an opportunity to sit and talk with each other over a cup of coffee or a snack. There are organized programs in photography, dramatics, art and movies; group discussions; and a variety of other activities. Saturday night dances at Fountain House are popular, as are special outings to nearby points of interest.

The evening program is especially helpful to those members holding fulltime jobs who are thereby prevented from participating to any appreciable extent in the day program. In the evening program, as in the day program, members assume responsibility for the running of the program, working alongside staff and volunteers in the various areas of the house. Almost all staff work at least one evening during the week, and our psychiatric consultants are also available at that time. Keeping the house open seven days a week throughout the year is difficult, but is believed to be necessary if members are to be helped at times of crisis. Contact with the setting is thus available much of the time.

The Day Program

The objective of the day program is to help members develop their capacity for gainful employment. Today over 300 men and women are active in the day program. All were initially unemployed. Many had not worked for years, and others found it difficult to hold a job. Almost all were financially dependent upon public welfare, family or disability benefits. Whatever their work potential, it was not being effectively utilized by the community.

The philosophy of the day program is to engage members in activities which are directly related to the operating of the facility. Every member is regarded as having something positive to contribute, and the staff works side by side with the member. Many things need to be done, ranging from very simple tasks to highly responsible ones. In the dining room, 250 lunches have to be served every day, and this requires the planning of menus and the purchase of food at the local grocery store. The meals must then be prepared and served, and the kitchen and dining room, like other areas of the house, must be kept clean and neat. Members participate in all of these activities, as do staff and volunteers.

Throughout the entire house, day program activities are evident. Visitors and prospective new members are greeted at the front door by members and are taken on tours through the house. Almost 1,000 new applicants are received each year, as well as an equal number of visitors. Many clerical activities are performed in various areas of the house, ranging from the administrative office on the second floor to the large clerical area on the fourth floor where members put out a daily newspaper and a monthly magazine, besides operating various office machines and the Fountain House switchboard.

As there is no cleaning service which works when the house is closed, members and staff assume responsibility for housekeeping tasks and minor maintenance. We believe that by having staff directly involved in the clerical office, the kitchen, and other areas, the members of Fountain House are enabled to participate more easily. There are opportunities for highly skilled participation such as in our research and audio-visual activities, as well as in simple, routine tasks. Our objective is to engage the members in these activities, all of which are useful and related to the day-to-day operation of the clubhouse, and to respond to their performance. Clearly, the members play an essential role in the operation of the day program, just as they make possible the evening program. We believe there are members at Fountain House who present more symptomatology than patients who are hospitalized, and we have been impressed with the extent to which such members can perform their roles at Fountain House in a dependable, efficient manner. Many members, after a short period in the day program, move on to jobs of their own in the community. Others, however, seem to require an additional "stepping stone", and for such patients, the Transitional Employment Program was developed, as described later in this chapter.

Thrift Shop

During the demonstration study, not only did our Transitional Employment Program undergo marked expansion, but we also endeavored to provide new opportunities for our day program members which would more closely resemble work functions in the community at large. We therefore established a small thrift shop around the corner from Fountain House which was run, since the beginning, not by volunteers or a women's committee of the Board of Directors as is commonly found, but by the members of Fountain House themselves with the assistance of a staff worker. In this shop, a wide variety of work opportunities are available, and we found that our members were eager to relate to the public at large. We have been extremely fortunate in receiving donations of goods from the community and, in particular, the salvage from a large department store in New York City. With increasing contributions to the shop, the activities for members have become increasingly varied, ranging from the creation of attractive window displays to the maintenance of appropriate inventory records and the preparation of letters of appreciation. The thrift shop, like other aspects of the day program, endeavors to utilize the work capacity of the individual, however limited, and to develop more effective work habits and attitudes, besides stimulating the motivation of the members for eventual employment of their own. The shop has been most helpful not only from a rehabilitation standpoint, but also as a source of needed articles of furniture for our expanding apartment program which is described later in this chapter.

Transitional Employment Program

A primary study objective was to determine the extent to which private enterprise could participate in the vocational rehabilitation process at Fountain House. We are pleased to report that during the course of the study our efforts to create work opportunities in private enterprise for the members of Fountain House were highly successful. Today, over 40 New York City business firms make it possible for over 160 Fountain House members to go to work each day as an integral phase of their rehabilitation experience. They receive the regular rate of pay, ranging from $1.60 to $2.25 an hour, and over a period of a year, their combined earnings total more than $300,000.

The details of transitional employment are not complicated.[1] Many of the participating firms, such as Lane Bryant, Sears, Roebuck & Co., Alexander's Department Store, and Newsweek Magazine, are well known. There are advertising firms, such as Benton & Bowles, and banks such as Manufacturers Hanover Trust. Work opportunities are available to our members in restaurant chains such as Chock Full O'Nuts and Nedicks, and a variety of other companies: printing firms, a stationery store, brokerage houses, thrift shops, messenger services. Each of the 41 firms has reserved one or more of its regular jobs for Fountain House.

A full-time job in each firm is divided into two half-time jobs, enabling one member to work in the mornings, another in the afternoons. It is also possible, where indicated, for our members to work as little as an hour a week. Responsibility for the selection of the member to work on a placement rests with Fountain House. Usually, employment applications and other forms are filled out at the clubhouse.

Originally our program consisted only of individual placements, the member performing his job in the presence of other employees. Other Fountain House members were not involved. While many members were able to go on individual placements, there were others who did extremely well in their work tasks at Fountain House yet were too insecure to assume the responsibilities of an individual placement. The present study enabled us to establish a program of group placements in various business firms for such patients, enabling Fountain House members to work on the job together. Five of our present employers provide such opportunities, accommodating over 50 of our men and women each day.

The transitional feature of our work program emphasizes that a member does not remain on a placement for more than three or four months. We have purposely selected work opportunities which do not require special skills or long periods of training. Members work as stock clerks, typists, messengers or porters. They perform simple assembly work in factories, work behind lunch counters, and operate Xerox machines. Upon completion of a placement, if a member does not move on to a job of his own, he may go on to a second or third placement or, perhaps, return to our pre-vocational day program at Fountain House.

Our employment program was initiated in 1958 when a printing firm in New York City agreed to reserve one of its messenger jobs for Fountain House. The great increase in the number of participating employers during the course of the SRS study was the result of a combination of factors. Our staff "reached-out" to the business community and presented our program through personal description, as well as written and audio-visual materials. Members of the Board of Directors were extremely helpful, arranging appointments so that we could make our presentation to heads of departments, managers, and personnel directors. Participating employers were also helpful by telling other firms about our program. As more individuals in the community knew of our work, they told others about it. In brief, we did not find private enterprise to be resistant to the proposal that they join with us in the effort to return the psychiatric patient to gainful employment. There were jobs in their firms which were either unfilled or subject to a high rate of turnover. We were not asking for the lowering of job standards. We wanted the regular rate of pay, and our member would remain on placement only if he met the normal work standards. We knew our members well, and we could be reached promptly by the employer if any difficulties arose. We would see that the job remained filled and we were especially interested in having the members train their replacements prior to moving on to jobs of their own or to other placements. Employers welcomed the requirement that our staff have access to the job at any time so that they could provide on-the-job assistance to the member, if required.[2]

As indicated, the demonstration project not only enabled us to expand the number of individual placements, but also provided us with the opportunity to establish in the business community a program of group placements. Our first such placement was at a carwash in lower Manhattan. Members who were not able to go on placements individually were excited and enthusiastic about the chance of working together as a group, just as they had done at Fountain House, with a staff worker present. From our point of view, a staff worker could perform his job just as well on a group placement as within the environment of Fountain House. The members regarded the carwash as an extension of Fountain House. The difference was that their work was in the community and they received a weekly paycheck from a normal place of business. Unfortunately, a severe water shortage in New York City created a hesitancy on the part of the public to have their cars washed requiring us to seek a group placement elsewhere.

We arranged to take over an assembly line at the Ideal Toy Company, in Queens, about an hour's drive from Fountain House. Some eight to ten members worked on this assembly line under the supervision of a Fountain House staff worker. Within a period of two weeks, our members had reached production quotas, and at times they surpassed the required standards. We were impressed that many members who had presented severe symptoms of their illness, were able to perform their work on the group placement in a highly productive manner.

Audio-visual material was prepared with these members concerning the ways in which they found their work helpful to them, and we became increasingly convinced that the fact that a patient does not work on a job of his own is not necessarily related to his capacity to perform productively.[3]

As the group placement in the toy factory was operated from 6:00 p.m. to midnight, creating a transportation problem particularly for women, we sought an opportunity which would operate during daytime hours. Our effort was successful and we now have group opportunities in five different business firms:

a. Canteen Corporation

In a large new office building in the Wall Street area, 15 of our members operate together a section of a large cafeteria serving the employees who work in the building.

b. Sears, Roebuck & Company

In New Jersey, a short distance from Fountain House via the Lincoln Tunnel, our members work as a group in the ticketing of dresses which are processed in this distribution center.

c. Arrow Manufacturing Company

In West New York, New Jersey our members work as a group, performing an assembly operation.

d. Alexander's Department Store

In this store a group of members work together in the ticketing of garments and the processing of other merchandise.

e. Chock Full O'Nuts

On 7th Avenue in the midtown area of Manhattan our members and staff have assumed total responsibility for the operation of this counter restaurant which serves thousands of customers during each business day and on Saturdays. The operation of the Chock Full store as a rehabilitation project of Fountain House is of special interest because our staff have assumed full responsibility for its day-to-day management. We receive payment from the store for such managerial services. Over a period of a year the store normally spends close to $50,000 in the form of wages and this amount is available to Fountain House members who fill positions. Normally 12 - 14 employees work in the store. This means that over 20 members can work there on a part-time basis. Almost all positions are filled by our members, with the exception of two employees who have worked there for some years and are not only interested in our project but are extremely helpful in facilitating the work adjustment of our members.

Members perform all of the tasks in the store and the placement relates closely to the snack bar on the fifth floor of Fountain House, where members can acquire experience similar to the work which must be performed in the store.

The question has often been raised concerning our Transitional Employment Program: "Do you first prepare members to work on transitional employment and then find placements, or do you first secure the work opportunities?" We have followed the practice of creating the work opportunities first. Thus, the need exists at Fountain House for members to fill the growing employment program. We believe that the concept of need is basic from a rehabilitation standpoint. The disabled psychiatric patient clearly is not wanted to any great extent by our society. Upon leaving the hospital, he does not find that the community has developed a need for him, as it has for other citizens. Business firms, for example, recruit extensively in universities, but not in mental hospitals. The isolation and rejection the patient experiences is a realistic one, not symptomatic of his illness alone. With over 160 members going to work each day as part of their rehabilitation, over 600 members will have had a similar experience over a period of a year. Thus, there is not only an opportunity for a large number of vocationally disabled patients to have an actual work experience, but the agency must communicate to the men and women, who seek assistance, the actual need for them.

It is beyond the scope of this report to describe in detail the ways in which this program influences the Fountain House environment, and, specifically, the relationship of the staff worker to the member. The implications are many. The staff worker, for example, is given a chance to relate to the member in ways which differ from more traditional practice. Furthermore, an emphasis is placed on the significant role the member himself can play, not only in his own rehabilitation, but with respect to providing assistance to others. Implicit in the program, of course, is the belief that individuals in our society who have had no training or experience in the mental health field can play an important role in the rehabilitation of the disabled person. We have in mind, for example, regular employees of a firm and on-the-job supervisors. A further implication is that there exists within the community the capacity, mechanism or structure to perform a rehabilitative or educational function with respect to the vocationally disabled. Furthermore, it is the responsibility of professional workers to explore this potential and assist in its development and definition. In terms of the public's attitude towards the mentally ill, we believe it is more fruitful to create opportunities for the public to participate in mental health programs than it is to attempt to change attitudes through educational approaches which do not allow for such participation.

While our demonstration study was extremely successful in creating expanded work opportunities in industry for our people, which has value in its own right, we are far from being able to evaluate with certainty the rehabilitative value of the programs.[4] Our future effort will thus be two-fold: (1) to continue to develop and refine the program and (2) to study and evaluate its use in helping the disabled psychiatric patient to effect a more fulfilling community adjustment, including gainful employment.

EMPLOYERS PARTICIPATING IN THE FOUNTAIN HOUSE TRANSITIONAL EMPLOYMENT PROGRAM

A.A. Bookbinding Service
Alexander's Department Store
American Blueprint Company, Inc.
American Field Service
Arrow Manufacturing Company, Inc.
Bargain Box
Barnard College
Bee Photo Copy, Inc.
Benton & Bowles, Inc.
Canteen Corporation
Chemical Bank
Chock Full O'Nuts
Circle Blueprint Company
City Associates
Easter Seal Society
Fleetwood Letter Service, Inc.
Franklin National Bank
Free-Play Togs, Inc.
John E. Hill, Optometrists
Irving Trust Company
Lane Bryant, Inc.
Manufacturers Hanover Trust Company
Marine Midland Grace Trust Company
McCalls Magazine
Midtown Stationers
Miss Budget, Inc.
Modern Mailing Company
Nearly New Thrift Shop
Nedick's Stores, Inc.
Newsweek Magazine
Pick Quick Key Foods
Public Relations Aids, Inc.
Royal Globe Insurance Companies
Salant & Salant, Inc.
Sears, Roebuck & Company
Seybert Nicholas Printing Corporation
Sol-Art Stationery Company, Inc.
Joseph Treu Successors, Inc.
Dean Witter & Company
York Photoprint Company
Young & Rubicam, Inc.

The Apartment Program

Many patients remain in hospitals because they have no home to which to return. Others in the community live alone in single, sub-standard rooms; and such an experience can intensify their feelings of isolation. There are also, of course, individuals who live at home with their families, where the environment often retards their recovery and community adjustment.

Of the thousands of patients served by Fountain House, it was apparent that very few ever pooled their resources so that they could have a better place to live. Even patients on public welfare could, if resources were pooled, have sufficient funds for at least a bedroom, living room, kitchen and private bath. It was our belief that the failure to do so was not related to the desire to live alone. Also it was clear that most of our members were not in the position to sign a lease, as they were usually not employed, lacked job references, and, as is so often the case with minority groups, had not availed themselves of existing opportunities. To help provide more adequate housing, Fountain House initiated its apartment program in 1957. We now rent some 25 apartments located in various neighborhoods of New York City. Each of these apartments are usually shared by two members who assume joint responsibility for the care of the apartment as well as its modest monthly rental. Members may remain in the apartment for as long as they wish and, in many instances, we have made the lease available to them when it expires. We believe that the apartment program fosters the patient's capacity for independent living. He does not reside in a separate facility, identified as one for disabled individuals. He participates in the selection of his "roommate", and, through his attendance at a weekly meeting of apartment residents, has an opportunity to discuss any difficulties which may occur. In most instances our members like to have their names on the mailboxes, and they find it helpful to have someone with whom to talk, share a meal and care for the apartment. Folding cots are placed in all apartments, so that an overnight accommodation can be provided to members who are on leave from the hospital or who may need a place to sleep at a time of crisis. We look forward to expanding our apartment program so that hospitalized patients without homes or families may have the opportunity to leave the hospital on a more gradual basis, rather than experience a sudden discharge.

Through a recent foundation grant, a specially equipped truck was acquired which enables our members daily to make visits to apartments for the purpose of decorating and making simple repairs. In terms of the charitable dollar, 80% of the leasing cost for our apartments is recovered through rents which the members themselves are able to pay. A mere $5,000 in charitable funds is capable, therefore, of securing at least $20,000 worth of annual rentals.

Education and Research

Since our founding in 1948 Fountain House has performed a function in accommodating visitors from other parts of the country, as well as from abroad. Such visitors have provided stimulation and support leading to the establishment of similar facilities elsewhere in the nation, and through the years the number of visitors has increased. In 1968, over 1,000 professional and lay people visited Fountain House for the purpose of observing its rehabilitation programs.

Like other social agencies, Fountain House has provided field training for graduate students in social work, rehabilitation counseling, and community psychiatry, as well as for undergraduate students. It has also joined with such community programs as the Urban Corps, Vista and Social Work Recruitment.

Aside from these traditional training opportunities we have also engaged in two major research studies, the first in 1959-64 through a grant from the National Institute of Mental Health, and, more recently, the present study through a grant from the Social Rehabilitation Service.

Fountain House is ideally equipped to develop needed educational and research programs in the field of psychiatric rehabilitation. As the first center of its kind in the United States, it has acquired an exceptionally experienced and highly trained staff with a strong commitment to the rehabilitation of the psychiatric patient in the community. A large number of patients is available, and due to our location in New York City highly skilled consultants are also readily available.

The pilot demonstration function of Fountain House has for many years been a primary concern of both the Board of Directors and the professional staff. Having completed the construction of our new clubhouse, we were most fortunate in receiving the necessary funds to acquire a brownstone adjacent to our new facility, to be used exclusively for our educational and research functions.

In Chapter VII we will describe in more detail other programs that have developed through our demonstration study, programs such as that of our Audio-Visual Center, and training opportunities for staff and patients from centers elsewhere in the country.

Footnotes

1. For a detailed description of transitional employment, see Appendix, page 81, a paper presented at a Training Institute entitled "Work Adjustment and Vocational Evaluational Services," held in Hyannis, Massachusetts, April 23, 1969.

2. For a review of employers' comments and observations, see Appendix, page 103.

3. On page 95 of the Appendix are the comments of members concerning their experiences in Transitional Employment.

4. This issue will be discussed in detail in Chapter VI, Employment.

Chapter III

METHODOLOGY

Introduction

The objective of the SRS study conducted at Fountain House from 1964 through 1967 was two-fold. First, we wanted to evaluate the extent to which the rehabilitative services of the agency influenced the community adjustment of psychiatric patients following their release from hospitals, and secondly, we hoped to determine the extent to which private enterprise could be utilized to facilitate the vocational adjustment of such subjects.

Through a method of random assignment, three research groups were established. The Fountain House group (FH) would have all of the agency's services available to it. The second research group (CPS) would not receive the services of Fountain House, but would be referred to a vocational counselor who, as a staff member of the research study, would provide services separate from the Fountain House setting. The Control group (C) would receive none of the services of the other two research groups, having available to them the services of the community at large.

Over a period of a year, subjects were selected and assigned to the three research groups. All subjects met the following requirements. They were between the ages of 18 and 60, had undergone a psychiatric hospitalization for at least one month, and had been out of the hospital for not more than two years. They were unemployed at the time of application, were residents of the five boroughs of New York City, and had had no prior contact with the agency. They had made their applications in person and without assistance, and had expressed the hope of obtaining employment within a period of a year. Individuals with a primary diagnosis of alcoholism, drug addiction, criminal behavior or overt homosexuality were excluded from the study.

Prior to assignment to the research groups, each subject was interviewed. The interview schedule provided the primary source of information on general background, employment and hospitalization history, education, professional contact, medication, living conditions and the intake interviewer's evaluation of the subject. Additional pre-study data were obtained from medical summaries supplied by hospitals, after-care clinics and private therapists, from the intake worker's comments, and, in a large number of cases, from the records of the New York State Department of Mental Hygiene.

During the intake interview, the interviewer was unaware of the subject's eventual research group assignment. Before the interview, all subjects were told that Fountain House, because of limited facilities, could not accept all of those who applied, and that the agency did not maintain a waiting list. After the interview, a call was made to the research office to determine the subject's research group assignment. The assignment was made by a randomization procedure. Subjects assigned to Fountain House were told that there was a place for them, while the CPS and Control subjects were told that there were no openings. The CPS subjects were referred directly to the Community Placement Service.

On assignment to the study, each subject was followed for a period of 18 months. A survey covering each four month interval was utilized to record information concerning rehospitalization, employment, medication, school attendance, living quarters, as well as agency contacts in the community. This information was gathered through personal contact, by phone or by written contact with subjects or with individuals familiar with various aspects of the subject's community adjustment, such as after-care workers, family members, the Fountain House staff, hospital employees, and friends.

Periodic contacts with the New York State Department of Mental Hygiene provided us with IBM printouts on hospital status. For the Fountain House group, we gathered dictation and reports at weekly conferences from the program staff. To determine the extent to which Fountain House subjects utilized the services of the agency, careful attendance records were maintained recording each visit of such subjects to the agency. Similar records were also maintained which recorded all contacts which subjects in the CPS group had with the vocational counselor, such contact occurring in an office building on Park Avenue South, across town from Fountain House.

As this report makes frequent reference to a research study supported by the National Institute of Mental Health, conducted at Fountain House between 1959 and 1964, a statement of the design of that study is included in the appendix. Two major differences, however, are found with respect to "subject eligibility requirements."

> First, subjects in the SRS study were acceptable if applying within two years of their last hospitalization. In the earlier study, all subjects had to have had their most recent hospitalization within four months of intake.
>
> Second, no SRS subject could be employed at intake, an eligibility criterion not required of subjects in the NIMH study.

Other differences were in the length of follow-up and the treatment group design. The NIMH study had a two-year period of follow-up. The present study used a follow-up period of eighteen months. As in the SRS study, the NIMH study also had a Control group, but did not have an Experimental population similar to the CPS group in the SRS study. The Fountain House group in the SRS study is similar in most respects to the Fountain House group in the NIMH study. In the NIMH study, however, the Fountain House group was divided into three sub-populations for the purpose of evaluating the effectiveness of three levels of "reaching-out" efforts by staff with respect to subject participation in the services of the agency.

The Three Research Groups

1) The Fountain House Group (FH)

All subjects in this group were offered the total services of the Fountain House program as described in Chapter II. In summary, a program of personal adjustment training (PAT) was offered from 9:00 a.m. to 4:00 p.m. on Mondays through Fridays. On Wednesday and Thursday evenings, as well as Saturday nights and Sunday afternoons, a social-recreational program was available. Other services included the Transitional Employment Program of Fountain House, the Apartment Program, and a Job Placement Service. The services of a professional staff were available to all subjects. The primary objective of the agency and its staff was to facilitate the participation of all subjects in the services of the agency for the purpose of strengthening their vocational capacity so that they could become gainfully employed, and to also strengthen the social functioning of the individuals with respect to reducing the need for rehospitalization. A consistent review was made by staff concerning the adjustment of all subjects and their use of the program, the primary concern being the clarification of ways in which the agency could be of the greatest help to the individual client.

In addition to the provision of services to the Fountain House group, the second major purpose of the SRS study was the development and expansion of the Transitional Employment Program. The aim was to secure the active participation of a sufficient number of employers in the community so that job placements could be provided for at least 35 patients at any one time, or the equivalent of 100 subjects a year. It was estimated that it would be necessary to enroll at least 30 employers in order to meet this goal.

2) Community Placement Service Group (CPS)

The members of the CPS group did not receive Fountain House services. They were offered, instead, the services of a vocational counselor located outside the Fountain House setting; a counselor who, through individual interviews and referrals, attempted to assist individuals in the group to achieve a vocational adjustment. The initial conception of the function of the CPS counselor was that of career planning and job placement. Considerable time was spent contacting employers to whom clients might be referred. Contacts were established with the New York State Employment Service, the Federation Employment and Guidance Service, Catholic Charities, the Vocational Advisory Service and similar agencies.

Our hypothesis was that, even with the many community services available, Fountain House applicants are generally unable to make use of these services without help. The SRS study would enable us to see to what degree applicants who did not receive the Fountain House services would take advantage of an offer of help from a vocational counselor who would help them to utilize other community facilities. The vocational counselor maintained follow-up on each subject for both research and service reasons. The counselor was supervised by a vocational rehabilitation consultant engaged for the project. It was essential that the counselor not be influenced by the procedures, techniques or emphasis of the Fountain House setting.

The services which were offered by the counselor were made available to subjects in offices located apart from the Fountain House setting. The setting of the Community Placement Service consisted of the counselor's office and a waiting room. Seldom was more than one client waiting to be seen. A secretary-receptionist was also employed.

3) Control Group (C)

Subjects in the Control group did not receive any services from Fountain House or from the CPS group, as described above. Following the initial interview, suggestions were then given as to other agencies which might be of assistance to them. No effort was made, however, to participate with them in making contact with those agencies. All intake procedures were completed, however, prior to their assignment, including permission to obtain medical information.

With reference to the collection of follow-up information on Control subjects, we had found in the NIMH study that follow-up data was obtained for over 90% of the subjects. We therefore expected a similar experience with the SRS study. Aside from the subject himself, an effort was made, where possible, to secure follow-up or confirming information from informants other than the subject.

Hypotheses

The following hypotheses were formulated concerning differences in outcome among the three research groups:

a) The rehospitalization rate of the Fountain House group (FH) would be significantly lower than the rehospitalization rate of the Community Placement Service group (CPS) or the Control group (C).

b) The rehospitalization rate of CPS would be approximately the same as that of the Control group. This hypothesis rests on the assumption that counseling services alone do not significantly influence rehospitalization rates.

c) The vocational adjustment of FH subjects would be both quantitatively higher and qualitatively better than the adjustment of either of the other two research groups.

d) The members of the FH group would demonstrate a higher degree of social recovery than those of the other two groups.

e) Within the Fountain House group, greater participation in the services offered would be associated with greater social recovery, clinical improvement, and vocational success.

f) The vocational adjustment of members of the CPS group would be higher than the vocational adjustment of members of the Control group.

We proposed to subdivide each research group according to the degree of vocational disablement -- one sub-group being made up of those who had been out of the hospital for four months or longer and had shown their disablement, and those who had not been out of the hospital long enough to have demonstrated such disablement. The "preventive" aspects of the Fountain House services, so far as vocational disablement was concerned, could therefore be studied and evaluated.

The design allows us to examine other questions. For example, there was a question as to whether a high percentage of applicants to Fountain House was made up precisely of those individuals who had a severe vocational handicap. Furthermore, there was the question whether few of those patients would be able to secure assistance from other community agencies in New York City. It was believed that with counseling, such disabled patients would have a much better chance of being referred to existing agencies. However, it was believed that few would be accepted by such facilities for service; of those accepted, few would utilize the services or benefit from them. If this is true, more specialized facilities must be developed for the rehabilitation of the vocationally disabled mental patient.

Description of Instruments Used[1]

Application - This was not exclusively a research instrument, but the basic application for membership at Fountain House. It provided one source of background information which was cross-checked with other sources. It contained a medical information release form which was used to obtain clinical information about the subject. The applicant's eligibility for participation in the research study was determined in conjunction with this application.

Intake Subject Form (ISF). Final Subject Form (FSF) - The ISF was administered to all subjects at intake. It provided an additional source of background data. In addition, it contained the Wing Inventory of Symptoms and the Srole Anomie Scale, described below. The FSF was administered to those subjects who were interviewed at the end of the 18 month study period. It contained the same items as the ISF, including the Wing and Srole instruments, except that it omitted duplicating some of the background information. A Socio-Economic Status instrument, described below, was also added.

Wing Inventory of Symptoms - This is a brief inventory of psychiatric symptoms which the subjects might have experienced in the week prior to the administration of this instrument. The nine items asked about problems in arising and retiring, disturbing feelings, hostility and withdrawal. We simply scored the number of problems, from zero to nine, which the subject said he had experienced during the preceding week. In this way we hoped to obtain a picture of the variety of disturbing symptoms as reported by the subject.

Srole Anomie Scale[2]- A measure of anomie was included in the Initial and Final Subject Forms. It consisted of five items developed by Leo Srole, designed to gauge "the individual's generalized, pervasive sense of 'self-to-others distance' and 'self-to-others alienation' at the other pole of the continuum." It was expected that attitudes of alienation, of hopelessness, might vary greatly in our population of released mental patients, some of whom had been in hospitals for as long as 25 years, and that anomie might relate to outcome.

Srole Index of Parental Socio-Economic Status - A person's socio-economic status (SES) and his mental health are necessarily confounded, particularly in a group of vocationally disabled people as are the subjects of this study. Therefore Srole recommends "for SES in a form that can be defended as antecedent to and independent of mental health...look to the status of the adult's childhood family...."[3] SES was determined from the occupation and education of the subject's father or childhood guardian.

Mental Status Schedule (M.S.S.) and Psychiatric Status Schedule (P.S.S.)[4] - Both the M.S.S. and the P.S.S. are guided interview schedules, a series of questions and statements with which the interviewer elicits information from the respondent regarding his functioning during the week preceding the interview. The items are descriptive of small units of observable or reported pathological behavior which are judged as either present or absent. The M.S.S. contains 248 such items, which are also contained in the P.S.S. and supplemented in the latter instrument by 244 additional items covering living arrangements, travel, eating, personal hygiene, drugs, alcohol, sexual behavior, illegal acts, leisure time, interpersonal relations, and self injury. The P.S.S. also appraises adequacy of functioning in several social roles.

The scoring system is based on a factor analysis of the M.S.S. protocols of 2,000 psychiatric hospital intakes. The three major scales describe unpleasant feelings and concerns, confusion and retardation, and delusions and hallucinations. There are 13 subscales which describe pathology in greater detail.

Information from the P.S.S. is used in a computer program called DIAGNO to obtain a psychiatric diagnosis for the respondent. The program used a logical decision tree model similar to the differential diagnostic procedure in clinical medicine.

The M.S.S. was administered at intake, and the P.S.S. was given to those subjects who took the final interview. Since the M.S.S. items are a subject of the P.S.S., both before and after M.S.S. scale scores are available for those subjects.

Four Months Survey - This instrument consists of information obtained largely from interviews, usually by phone, conducted every four months during the eighteen month study period. In addition to data on rehospitalization and employment, the survey obtained information on contact with other agencies, social contact, medication, living quarters, and the subject's estimate of how well satisfied he thinks other people are with his progress. Members of all three research groups were surveyed.

Fountain House Program Instruments - Every four weeks the Fountain House staff was surveyed and the extent of their contact with the 70 Fountain House subjects was determined (Instrument A). Staff who had more than casual contact with a subject filled out a questionnaire on the nature of that contact (Instrument B). Also, staff who had primary responsibility for a subject evaluated him every four weeks (Instrument C). This evaluation concerned the subject's involvement in the program, current adjustment, work readiness, and characteristics of the subject's behavior in his activity area at Fountain House.

Accumulation and Attrition of Research Population

The experimental design of the SRS study called for the establishment of three groups of 75 subjects each. Subjects were assigned to the research groups on a random basis at application. The desired number of subjects was accumulated over a 14 month period, and the month by month accumulation in the present study was at a fairly constant rate.

At the end of the 14 month intake period, 77, 75 and 75 subjects had been assigned respectively to the Fountain House, CPS and Control groups. The two additions to the Fountain House group were replacements for the two subjects who died of natural causes before the intake period was completed. Further attrition took place after the close of intake, described as follows.

Seven of the subjects originally included in the study group were found not to meet the research eligibility criterion of never having had any previous contact with Fountain House. One had been an active member prior to one of her hospitalizations, after which she applied again and was mistakenly accepted as a new member. Four others had been rejected by Fountain House prior to the study, but became eligible during the study period. Two others had made incomplete applications prior to the study. These seven were dropped from the study to keep the total sample as one made up of new contacts only.

For another seven subjects it was impossible to obtain complete information for the whole 18 months of the study. These subjects were known to the study for a period of four to ten months, but after loss of contact with the researchers, the only information available was negative: they were not hospitalized in public hospitals in New York State, nor in hospitals in which they had previously been patients. Since these people might have died, been hospitalized in private or out-of state hospitals, or have been maintaining themselves in some section of the community, outcome was ambiguous. They were therefore dropped from the study. They were distributed into all three study groups, and dropping them did not appear to bias any one group either favorably or unfavorably.

During the 18 month follow-up period, five subjects died. Since death made it impossible to know where they might have been, or what they might have been doing, had they lived until the end of the study, they were removed from the study sample.

A special problem was raised by six people originally assigned to the Control or CPS groups, who in the course of the study made contact with Fountain House on their own initiative and became members. For the duration of their membership in the Control and CPS groups, prior to contact with Fountain House, these subjects raised no problems of classification. But subsequent to their contact, a problem arises: if they maintain themselves in the community, is it because they are being helped by Fountain House, or because they are well past the early periods of post-hospital life which, for people in the Control group especially, are the highest risk periods for rehospitalization? Because of this ambiguity, it was decided to drop them from the study sample rather than assign them to the Fountain House group for the periods subsequent to their Fountain House contact.

The table below presents this information in summary form. Data will be presented with reference to each of the study groups, utilizing the final sample sizes reported here.

TABLE

Subjects Completing 18 Month Research Period, and Those Dropped

Fountain House:	completing	70	
	dropped		7
Community Placement Service:	completing	65	
	dropped		10
Control:	completing	67	
	dropped		8
		202	25

Reasons for Dropping Subjects

	Fountain House	CPS	Control
Death	4	0	1
Research Assignment not maintained	0	4	2
Lost to follow-up	2	3	2
Found ineligible after intake	1	3	3
	7	10	8

On the Wing Inventory of Symptoms, a fifth of the research population said that they had experienced none of the nine problems during the week prior to the intake interview. The average number of problems was approximately three for each research group. Though we had no comparison samples, it would appear that our subjects presented rather mild symptomatology for people who had undergone psychiatric hospitalization and were experiencing severe difficulties in achieving a vocational adjustment.

It is interesting to compare the present research population's Anomie scores with Srole's original group of subjects consisting of 401 white, Christian, native-born transit riders in Springfield, Massachusetts who had a mean age of 40 years. Our population of post-hospitalized psychiatric patients shows less anomie than the non-patient group. The distribution for the research population is positively skewed - some 56% of them agreed with none or only one of the five anomic items. Srole's group shows only a slight skew in this direction.

On the Mental Status Schedule scales, the research population averages 0.3 to 0.4 standard deviations lower (i.e. less pathology) than the means of the original standardization population of 2,000 mental hospital admissions. This is what one would expect with a group of released patients.

Comparability of Research Groups - The three research groups - Fountain House (FH), Community Placement Service (CPS) and Control (C) - were examined to determine whether they differed on any of the above-described characteristics, and on a number of other variables. We wished to determine whether the random assignment procedure had resulted in comparable groups. Statistically significant differences were found on only two variables:

Number of Hospitalizations - While 30% of all SRS subjects had experienced only one hospitalization, some had undergone as many as 15. The following Table shows the distribution of this variable among the research groups. The mean number of hospitalizations for the Fountain House, CPS and Control groups are 3.5, 3.0, and 2.5 respectively. Analysis of variance shows that there are significant differences among these means ($p. < .05$). Specifically, the Fountain House mean is significantly higher than the Control group's mean ($p. < .05$).

TABLE 1

Number of Hospitalizations Prior to Study Intake

	F.H.		C.P.S.		Control		Total	
No. of Hosps.	f	(%)	f	(%)	f	(%)	f	(%)
1	17	(24)	19	(29)	24	(36)	60	(30)
2	15	(21)	15	(23)	16	(24)	46	(23)
3	17	(24)	9	(14)	12	(18)	38	(19)
4	4	(6)	11	(17)	9	(13)	24	(12)
5 or more	17	(24)	11	(17)	6	(9)	34	(17)
Total	70	(99)	65	(100)	67	(100)	202	(101)
Mean	3.5		3.0		2.5			

Total Months Hospitalized

Table 2 shows the distribution of this variable among the three SRS research groups. The ten category grouping used here divided the research populations into ten fairly equal groups. The mean number of months hospitalized for the Fountain House, CPS and Control groups, based on the original ungrouped data, are 42, 34 and 22 months, respectively.

Table 2

Total Months Hospitalized Prior to Study Intake

Months	F.H.		C.P.S.		Control		Total	
	f	(%)	f	(%)	f	(%)	f	(%)
1-4	12	(17)	9	(14)	13	(19)	34	(17)
5-6	5	(7)	3	(5)	8	(12)	16	(8)
7-10	4	(6)	5	(8)	8	(12)	17	(8)
11-15	10	(14)	6	(9)	10	(15)	26	(13)
16-22	8	(11)	10	(15)	10	(15)	28	(14)
23-30	1	(1)	10	(15)	5	(7)	16	(8)
31-45	10	(14)	8	(12)	6	(9)	24	(12)
46-67	7	(10)	5	(8)	1	(1)	13	(6)
68-116	5	(7)	5	(8)	3	(5)	16	(6)
117-300	8	(11)	4	(6)	3	(5)	15	(7)
Total	70	(98)	65	(100)	67	(100)	202	(99)
Mean	42.5		33.7		22.5			

Analysis of variance shows the differences among these means to be significant at the .025 level. In particular, the differences between the Fountain House and Control groups is significant at the .01 level. Though the distribution of this variable is somewhat positively skewed, the difference between the Fountain House and Control groups is maintained when the medians, rather than the means, are examined as indicators of the average for each group.

While the Fountain House group was not older at study intake than the Control group, and had their first hospitalization at the same age as the Control group, it still had experienced more and lengthier hospitalizations prior to intake. So there is some evidence that the random assignment procedure did not result in comparable groups on these two variables. The Fountain House group gives a picture of more severe chronicity in terms of frequency and duration of hospitalization than the Control group, a fact which should be considered when assessing the relative effectiveness of the Fountain House program.

Summary

Former psychiatric patients were randomly assigned to one of three research groups. One group (FH) had Fountain House services available to them, another (CPS) was referred to an independent vocational counselor established for research purposes, and a third group (Control) had neither of these, having only existing community services.

For a period of 18 months after intake, information was gathered on the subjects' employment status, rehospitalization, community agency contacts, etc. The information was gathered during contacts with the subjects and other informants every four months, and through use of Fountain House and Community Placement Service records and New York State Department of Mental Hygiene records.

Hypotheses were made regarding differences among the research groups in rehospitalization rates, vocational adjustment, social recovery, and the effects of variation in participation by the Fountain House subject.

Various questionnaires used during the intake interview, and during a final interview given to subjects available after 18 months, were described. The information gathered included demographic data, hospitalization history, current symptoms, feelings of alienation, and scales assessing psychopathology.

The characteristics of the research population at intake were described. Statistical tests were performed to determine whether the three research groups were comparable on a number of characteristics. The groups differed on two of these characteristics, both relating to chronicity. The Fountain House group had spent more months in mental hospitals than had the Control group, and had undergone hospitalization more frequently.

Footnotes

1. Some of the instruments are described in more detail in the Appendix.

2. Srole, Leo. Social integration and certain corollaries: an exploratory study. American Sociological Review, 1956, 21, 709-716.

3. Srole, Leo; Langner, T.S.; Michael, S.T.; Opler, M.K. and Rennie, T.A.C. Mental Health in the Metropolis. New York - McGraw Hill, 1962.

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CHAPTER IV

ATTENDANCE

Introduction

To measure the effects of the rehabilitative influences on the community adjustment of Experimental subjects, it is essential to know to what extent such subjects were exposed to the rehabilitation services. During the 18 month study period, attendance records were maintained on a daily basis for all subjects.

In the SRS study, as in the NIMH study, it was possible for a subject to attend the day program five days a week, or a total of 390 times over an 18 month period. In addition, subjects could also attend the social-recreational program on Wednesday, Thursday and Saturday evenings, and on Sunday afternoons, for an additional attendance of four times a week or 312 times over an 18 month period.

Attendance records enable us to determine the extent to which Fountain House research subjects were exposed to the rehabilitation services of the agency. The question arises, however, as to what constitutes "reasonable or adequate exposure" to rehabilitation services. This is a complicated issue. We would assume that four visits or less in an 18 month period are far too few to achieve a significant rehabilitative influence. Further, we believe that even 20 visits or less does not provide, in most instances, sufficient opportunity for rehabilitation services to have a substantial effect upon the adjustment of individual clients. In our experience, and with the techniques we have available, more intensive, long-term contact with the vocationally disabled psychiatric patient is required. Such contact may well range from six months to a year or more.

In the SRS and NIMH studies, both of which utilized Control groups, evaluation of outcome, of course, is based upon the adjustment of all Experimental subjects, regardless of their participation in the services of the agency. It was found, however, in the NIMH study that the higher the level of participation, the less likely the chances of rehospitalization. Even attendance during the first month following intake was predictive of overall attendance, and was highly correlated with the probability of rehospitalization. We also found that over one-third of NIMH subjects failed to attend the services of the agency more than four times during the entire 24 month study period. Due to this high dropout rate, the research design in the SRS study called for an intensive, long-term "reaching-out" procedure to maximize the participation of Fountain House subjects.

In consideration of these factors, we will review in this chapter specific aspects of the attendance patterns of SRS subjects and will make frequent comparison to the NIMH study. We will review first the total attendance of SRS subjects during the 18 month study period. We will then examine first month's attendance. Other attendance measures will be briefly discussed, such as total number of visits, as well as the number of subjects each quarter who are attending the agency.

Certain background characteristics of SRS subjects such as age, sex and number of hospitalizations will be examined with reference to total attendance, as there are indications that such characteristics may influence attendance patterns.

In accordance with the study design, each of the three research groups in the SRS study consisted of two sub-groups - those who entered the study within four months of leaving the hospital and those whose interval between hospitalization and study admission was from four to 24 months. Identified as "shorts" and "longs", 0-4 and 4-24 month intervals respectively, we will examine both 18 month and first month attendance pattern of short and long subjects, and we will conclude our chapter with a discussion of the extent to which subjects in the CPS group had contact with the vocational counselor who provided services to this research group.

Total Study Attendance

In the following table we review the overall attendance patterns of NIMH and SRS subjects. As will be noted, the SRS study, 9% of the subjects made only four visits or less, while an additional 20% made only from five to 20 visits. A total of 29% therefore had minimal or non-exposure to the rehabilitation services of the agency, compared to 58% in the NIMH study. It is evident that our "reaching-out" efforts in the SRS study greatly reduced the proportion of minimal attenders. The increased involvement of SRS subjects is seen clearly on the attendance level of 51 visits or more. A total of 57% of SRS subjects attended at this level compared to only 25% in the NIMH study. These high subjects were intensively involved in the services of the agency and there was sufficient opportunity for them to be influenced by the rehabilitative services.

The contrast in attendance levels between the two study groups is even more striking when it is recalled that a 24 month attendance period was used in the NIMH study compared to an 18 month period in the SRS study. As would be expected, the increased participation of SRS subjects greatly reduced the methodological problems we encountered in the NIMH study where over one-third of the subjects failed to attend the agency more than four times in the two year study period.

Total attendance, of course, represents both daytime and evening visits. Day attendance reflects the participation of subjects in our most intensive rehabilitation programs, which include the Personal Adjustment Training program and our Transitional Employment Program. The distribution of day attendance, however, does not differ basically from the total attendance for SRS and NIMH subjects. Almost one-third of SRS subjects failed to attend the day program more than 20 times compared to 72% of NIMH subjects. In the SRS study, we greatly reduced the proportion of minimal or non-attenders. At the other extreme, 54% or one-half of SRS subjects attended the day program 51 times or more compared to only 16% in the NIMH study.

TABLE 3

Total Day and Evening Attendance of SRS and NIMH Subjects

	Percentage Attending	
Total Visits	**SRS**	**NIMH**
0-4	9	35
5-20	20	23
21-50	14	15
51-100	13	10
101-150	14	4
151 +	30	11
	100	98
Total Day Visits		
0-4	11	50
5-10	9	11
11-20	10	11
21-50	16	12
51-100	13	7
101 +	41	9
	100	100
Total Evening Visits		
0-5	51	58
6-10	14	15
11-20	13	10
21-50	13	7
51 +	9	10
	100	100

If we assume that the 30% in the SRS study and the 72% in the NIMH study, who failed to attend the day program more than 20 days during the course of the study period, had a need for intensive vocational services, we must conclude that there was a failure on the part of the setting to effectively deliver such services. Later discussion will illustrate the important relationships which exist between attendance, rehospitalization and employment. Although minimal or non-attenders represented a high proportion of subjects in both studies, we were pleased in the SRS study that Fountain House subjects were far more intensively exposed to the day program than they were in the NIMH study.

As to evening attendance, it will be noted that there was essentially no difference in the participation of SRS and NIMH subjects. Furthermore, there was an extremely low level of participation. More than half the members of each group failed to attend the evening program even once, or attended less than five times.

The evening program is designed primarily for clients who are employed during the day. Such clients may have a need for the social-recreational opportunities which the evening program provides, and they also may use the evening program to maintain contact with the agency when gainful employment in the community first occurs. It would seem reasonable to assume that such clients might well attend the evening program on a once-a-week basis for 15 or 20 times. However, only 22% of SRS subjects made more than 20 visits to the evening program, compared to 17% in the NIMH study. In view of the minimal use of the evening program by subjects, an intensive "reaching-out" effort must be made, if a thorough evaluation is to be made of its rehabilitative value.

First Month's Attendance

There are various reasons to examine the attendance patterns of Fountain House subjects during the first month following assignment to the research study, Table 4. We found in the NIMH study that the first month's attendance was related to the subject's later community adjustment. It was also predictive of overall attendance. If a subject failed to become involved during the first month following intake, he tended to remain uninvolved throughout the study. Conversely, where participation or "linkage" was established during the first month, involvement tended to continue over a longer period of time. It is clear that any subject who attended once or less during the first month following intake was not involved in the agency's program. This describes approximately one-quarter of SRS subjects and over one-half of NIMH subjects. We would also include those individuals who made but two to three visits during the first month.

It is possible that those who made but one visit or less, or including those who made only two to three visits, did not have a need for the services of the agency, and this issue will be reviewed later. It is clear, however, for whatever the reasons, that we were unsuccessful in establishing an effective link during the first month with some 28% of the SRS subjects, and 61% of NIMH subjects (0-3 visits). As in the case of overall attendance, we greatly reduced the number of immediate dropouts or minimal attenders in the SRS study. Conversely, we increased the proportion of high attenders (those making 16 or more visits during the first month) from 9% in the NIMH study to 39% in the SRS study.

With reference to day and evening attendance during the first month following intake, we find that three out of four subjects in both studies came only once or not at all to the evening program. The minimal use of the evening program during the first month of study reflects the minimal use which was made of the evening program over the 18 months of the SRS study and the 24 month period in the NIMH study.

Participation in the agency's services is confined primarily to the day program. During the first month of both studies, 33% of the NIMH subjects attended at least once a week compared to 71% in the SRS study, a finding which reflects the increase in participation of SRS subjects so far as total visits during first month is concerned, as well as during the 18 months of the SRS study.

TABLE 4

Total First Month's Attendance for Day and Evening Program

SRS and NIMH Studies

	Percentage	
Total Visits	SRS	NIMH
0-1	24	46
2-3	4	15
4-7	13	13
8-11	13	9
12-15	7	8
16 +	39	9
	100	100
Total Day Visits		
0-1	26	52
2-3	3	15
4-7	17	10
7+	54	23
	100	100
Total Evening Visits		
0-1	77	77
2-3	10	14
4-7	9	6
7+	4	3
	100	100

Background Data and Total Attendance Patterns of SRS Subjects

We have noted that attendance patterns vary from immediate withdrawal following intake to intensive participation in the agency's services. We now examine the extent to which background information is related to total attendance (Table 5).

Various characteristics were examined, most of which were not found to be correlated with attendance. Of interest are the factors of sex, number of hospitalizations, age at intake, the Wing Inventory, Srole Anomie Scale, and the Mental Status Schedule.

With respect to the sex of Fountain House subjects, as shown in the following table, we found that women were far more likely to be low attenders and less likely to be high attenders than men.

If it is assumed that individuals with multiple hospitalizations have a greater difficulty with respect to community adjustment than those with only one or two hospitalizations, we would expect that their need for service would also be greater, with concommitantly higher attendance. However, as shown in Table 5, this is not so.

TABLE 5

Selected Background Characteristics With Respect to Levels of Total Attendance of SRS Subjects

Characteristics		Percentage Distribution of Subjects According to No. of Visits During Study		
	No.	0-4	5-20	21+
I. Sex				
Male	46	4	17	78
Female	24	17	29	54
II. No. of Prior Hospitalizations				
1 + 2	32	6	16	78
3+	38	11	26	63
III. Age at Intake				
18-25	16	19	19	62
26-39	38	8	13	79
40+	16	0	44	56
IV. Wing Inventory (No. of Problems)				
0-3	37	14	22	65
4-6	26	4	27	69
7+	6	-	-	100
V. Srole Anomie Scale				
0	20	-	35	65
1-2	30	17	13	70
3-4	16	-	19	81
N.R.	4	25	25	50
VI. Mental Status Schedule (Total Score)				
≤41	35	9	26	66
≥42	35	9	17	74

With respect to age at intake, of all subjects who made four visits or less to the agency during the study period, none were 40 years of age or older. This was in keeping with our belief that older subjects might find it easier to relate to the rehabilitation setting than the younger patient. However, only 56% of the 16 subjects 40 years of age or older were high attenders (21 visits or more) compared to 62% of subjects 18-25 years of age at intake and 79% of subjects with an intake age of 26-39.

The Wing Inventory was of interest because those who expressed having "more" problems at intake were the most likely to attend. All of the six subjects who reported seven or more problems during the week preceding intake were high attenders, in contrast to the 65% of the 37 subjects who reported from 0-3 problems. The findings in the Wing Inventory are generally consistent with attendance levels, as are the scores recorded for the Srole Anomie Scale. Of the 16 subjects who expressed the highest feelings of alienation (3-4), 81% were high attenders in contrast to the 20 subjects who reported minimal feelings of alienation, of whom 65% were high attenders.

The primary use of the Mental Status Schedule (M.S.S.) was to evaluate clinical comparability among the three research populations. There was no marked differentiation in the attendance levels on the basis of the degree of pathology shown in the responses to the M.S.S.

Other Measures of Attendance

In Figure 1, we present the number of subjects who were active in the agency's programs during each three month period of the SRS and NIMH studies. Of the 70 subjects in the SRS study, 61 attended the agency during the first three months. While the number decreased with each succeeding quarter, a total of 36 subjects, or slightly over one-half, were still attending during the last three months of the study. A similar pattern, but of lower proportion, was found for NIMH subjects.

In the NIMH study there was no decline in the number of participants from 15 months to 24 months. Since the SRS study was limited to 18 months, we can assume that a similar pattern of participation would ensue.

A pertinent question is the extent to which longer term rehabilitation has beneficial effects. In our view, 18 months is an insufficient period in which to conduct evaluation research of psychiatric rehabilitation services for the vocationally disabled. In the SRS study one-half of the subjects were still in attendance during the final three month period of the study. Also, when evaluation research is based upon relatively small groups of 70 subjects, the interpretation of findings becomes extremely difficult when even a smaller number of subjects have actually undergone a reasonable exposure to the rehabilitative environment.

Another way of looking at attendance is with reference to the gross visits to the rehabilitation center which all subjects made during the study period. We see in the following table that the 70 SRS subjects made more than 6,800 visits during the 18 month period, for an average of 98 visits for each subject. In the NIMH study, 252 subjects made more than 12,500 visits, for an average of 50 visits per subject. A primary objective of the SRS study was thus fulfilled: there was a substantial increase in the participation of SRS subjects in the services of the agency.

TABLE 6

Total Number of Attendances Recorded by All Fountain House Subjects in the NIMH and SRS Studies

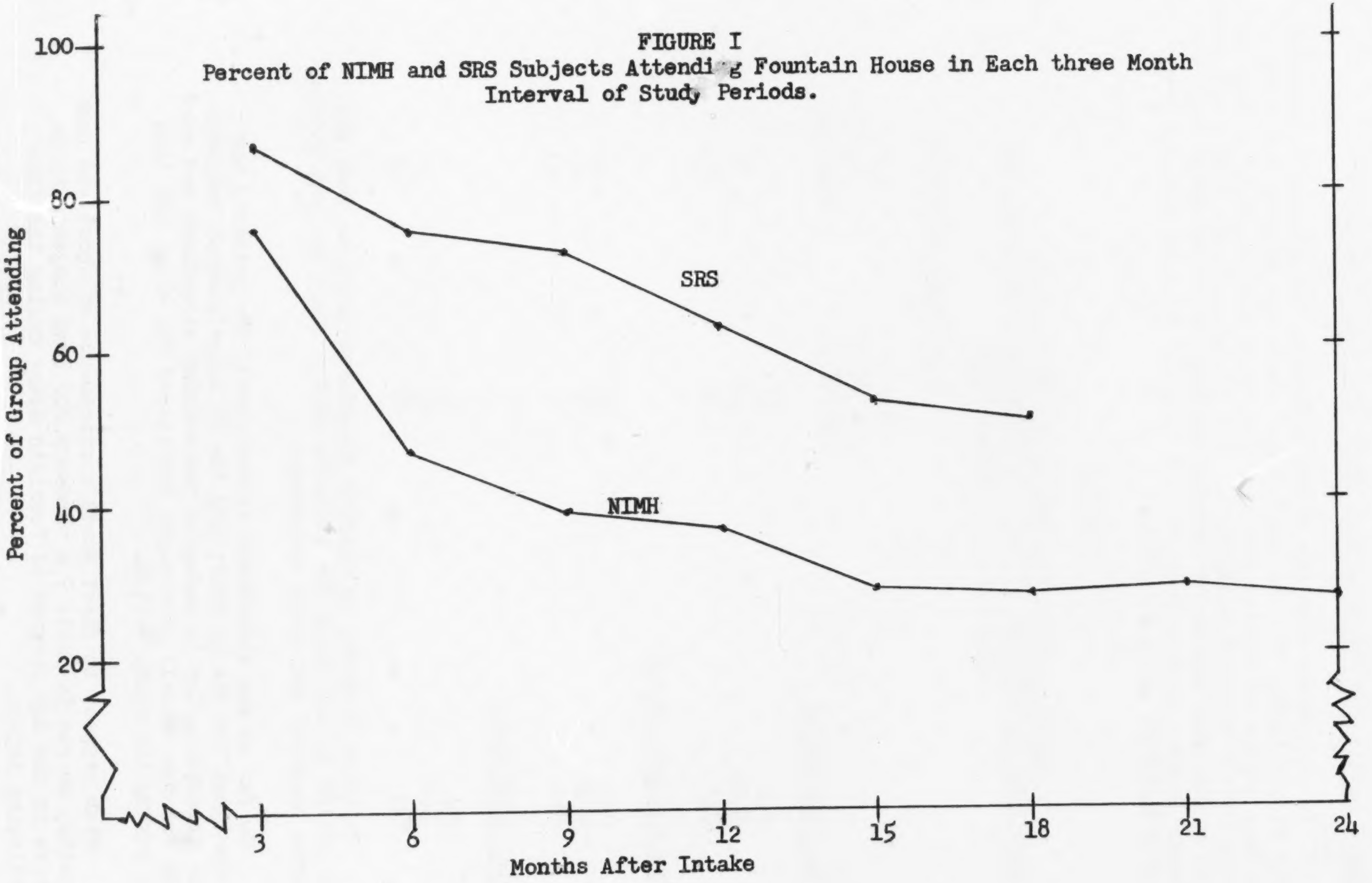
	NIMH	SRS
Number of Subjects	252	70
Total Number of Attendances	12,537	6,843
Average Attendance Per Subject	50	98

"Reaching-out" services were provided to one of the sub-groups (Experimental 1) throughout the NIMH study. We see in the table below that similar "reaching-out" services in the SRS study were even more effective. SRS subjects averaged 98 visits to the center, compared to an average of 78 visits for NIMH subjects.

TABLE 7

	NIMH "Reaching-out Group"	SRS
Number of Subjects	88	70
Total Number of Attendances	6,825	6,843
Average Attendance Per Subject	78	98

FIGURE I
Percent of NIMH and SRS Subjects Attending Fountain House in Each three Month Interval of Study Periods.



Attendance Levels for Subjects with Short and Long Intervals

In accordance with the research design, two groups of research subjects were selected for the SRS study: those who entered the study within four months of leaving hospital and those out of hospital four to 24 months before research assignment. All subjects in the NIMH study were admitted within four months of leaving the hospital. The terms "shorts" and "longs" refer, respectively, to the interval between hospital and study of 0-4 months and 4-24 months.

TABLE 8

Eighteen Month Attendance of SRS Subjects According to Interval between Discharge from Hospital and Admission to Research Study

	Percentage Attending	
	Shorts 0-4 Mos. Interval	Longs 4-24 Mos. Interval
I. Day Attendance		
0-4	12	10
5-20	20	17
21+	68	73
II. Evening Attendance		
0-4	55	47
5-20	20	37
21+	25	17
III. Total Attendance		
0-4	10	7
5-20	22	17
21+	68	77

In Table 8 above, we examine attendance patterns over the 18 month period of the study for subjects with a short or long interval between hospital and study assignment.

So far as day attendance is concerned, the patterns are almost identical for the 40 short and the 30 long interval subjects. A similar interpretation is made for the evening attendance and subsequently for the overall attendance registered for short and long subjects during the study period.

With respect to first month's attendance of short and long SRS subjects, we see in Table 9 a tendency for long subjects to be less active in the day program of Fountain House during the first month following intake.

42

TABLE 9

First Month's Attendance of SRS Subjects According to Interval between Discharge from Hospital and Admission to Research Study

	Percentage Attending	
	Shorts 0-4 Mos. Interval	Longs 4-24 Mos. Interval
I. Day Attendance		
0-3	22	37
4-7	15	20
8+	62	43
II. Evening Attendance		
0-1	75	80
2-7	20	17
8+	5	3
III. Total Attendance		
0-3	22	37
4-7	12	13
8+	65	50

While attendance in the evening program was essentially the same, the overall attendance for first month shows that 37% of long subjects attended less than once a week compared to 22% of short subjects. Conversely, more short subjects (65%) attended two times a week or more as compared to 50% of long subjects. These differences, while not statistically significant, indicate that subjects with a short interval utilized the services of the Agency more frequently than longs. This may reflect the fact that they are more recently out of hospital and have different concerns with respect to their community adjustment than those who have been in the community for a longer period (4-24 months).

The study did not enable us to clearly differentiate the reasons for seeking of service by subjects in the community from 4-24 months in contrast to those recently out of hospital (0-4 months). Not only were the populations in all three research groups comparable in most respects, but so also were the shorts in each of the three groups generally comparable to each other as were long interval subjects.

In Table 10, we see that within the Fountain House group, long and short subjects were in most instances essentially similar so far as certain background characteristics are concerned.

Therefore, any differences in attendance patterns or adjustment cannot be explained in terms of these background characteristics,

TABLE 10

Background Characteristics of SRS Fountain House Subjects According to Interval between Hospital Discharge and Admission to Research Study
Shorts (0-4 Months Interval) Longs (4-24 Months Interval)

	Percentage	
Characteristics	Shorts	Longs
I. Sex		
Male	70	60
Female	30	40
II. No. of Prior Hosp.		
1 + 2	50	40
3+	50	60
III. Age at Intake		
18-25	22	23
26-39	58	50
40+	20	27
IV. Wing Inventory		
0-3 problems	60	45
4-6 problems	32	45
7+ problems	8	10
V. Srole Anomie Scale		
0-2	73	70
3-4	22	23
N.R.	5	7
VI. Mental Status Schedule		
≤41	50	50
≥42	50	50

Community Placement Service (CPS)

The attendance patterns of subjects in the Fountain House group cannot be considered equivalent to the attendance patterns of subjects in the CPS group, whose contact consisted of individual interviews with the vocational counselor responsible for the Community Placement Service. The number of contacts, however, which each subject in the CPS group had with the vocational counselor was recorded. In Table 11, we see that 85% of the CPS subjects had only one contact or none with the vocational counselor during the first month following intake, compared to 24% of the Fountain House subjects.

TABLE 11

Visits of CPS Subjects with Vocational Counselor 1st Month following Intake, compared to Visits of FH Subjects to Rehabilitation Center

	Percentage of Group Attending	
No. of Visits	CPS	FH
0-1	85	24
2-3	12	4
4+	3	72
	100	100

At the other extreme, only 3% of the CPS subjects had four interviews or more during the first month of the study, as compared to 72% in the Fountain House group.

Examining the number of contacts throughout the entire 18 months of the study, we find that 82% of the CPS subjects had four interviews or less with the vocational counselor, compared to only 9% of the Fountain House subjects.

TABLE 12

Visits of CPS and FH Subjects during 18 Month Study Period

	Percentage of Group Attending	
No. of Visits	CPS	FH
0-4	82	9
5-20	17	20
21+	2	71
	101	100

About the same number of subjects in both groups registered from 5-20 contacts; 17% for the CPS group and 20% for the Fountain House group. Whereas 71% of the Fountain House subjects registered a total attendance of 21 visits or more to the agency program, only one subject (2%) of the CPS group had more than 16 interviews with the counselor during the 18 month period.

One further analysis is of interest. Table 13 presents the number of CPS subjects who were in contact with the vocational counselor during each three month period of the research study, in comparison to the Fountain House group.

TABLE 13

Contact Each Quarter of CPS Subjects with Vocational Counselor and Visits of FH Subjects with Rehabilitation Center

	Percentage Making Contact	
Quarter	CPS	FH
1	82	87
2	18	76
3	12	73
4	15	63
5	9	53
6	7	51

During the first three months of the study, 87% of the Fountain House group had contact with the agency while 82% of the CPS group had contact with the vocational counselor. A sharp drop occurs, however, for CPS subjects after the three month period. Seventy-six percent of the Fountain House subjects had contact with the agency in the second quarter in contrast to only 18% of the subjects in the CPS group. The marked difference in "contact rates" for the two populations continues throughout the study. Only 7% of the CPS subjects had contact with the counselor during the last quarter, in contrast to 51% of the Fountain House subjects.

Again, a key issue arises. How much contact with the vocationally disabled is required if significant changes are to be effected in their lives? Eighty-two percent of the subjects in the CPS group had three contacts or less. One might suggest that such subjects had little need for services or that the services being offered accomplished their rehabilitative objective. We believe that fewer than four visits are insufficient for any effective rehabilitation process to occur.

Chapter V

REHOSPITALIZATION

Introduction

Rehospitalization is not necessarily indicative of a rehabilitation failure. For many patients, rehospitalization may merely be a phase in the recovery process. Furthermore, it is the responsibility of professional staff to secure medical assistance for a client whenever it is necessary. When patients in the community are isolated from such professional contact, rehospitalization may well be delayed or even avoided, and this would not be necessarily in the best interest of the patient. It is also true that we lack a precise definition of a mental hospital and what constitutes a "rehospitalization." There are individuals at Fountain House who appear to be "sicker" than patients in mental institutions. In such instances, Fountain House itself may serve as a substitute for psychiatric hospital. In any event, rehospitalization is not necessarily indicative either of a patient's level of community adjustment or of the extent to which a clinical recovery has been achieved.

Recognizing that the event of rehospitalization is a complex one, we will review in this chapter the rehospitalization rates of subjects in the SRS and NIMH studies, examining separately the rates for short and long interval subjects in each of the three SRS research groups. Other indices of rehospitalization will be presented, such as length of time in the community prior to rehospitalization, as well as length of time spent in the hospital during the study. As attendance is closely related to the incidence of rehospitalization, we will examine various attendance patterns, examining separately the attendance of subjects who had been out of the hospital for only a short period (0-4 months) and those who had been out for a longer period (4-24 months). We will also discuss background characteristics with respect to rehospitalization.

Incidence of Rehospitalization

During the SRS study period of 18 months, surveys were regularly conducted to determine, among other things, whether or not a subject had undergone a psychiatric rehospitalization. A rehospitalization was defined as any hospitalization for psychiatric reasons which lasted for at least 24 hours. In the following table, it is seen that the rehospitalization rate for the Fountain House group was lower than both the CPS and the Control groups, but the difference is not statistically significant.

TABLE 14

Incidence of Rehospitalization for SRS Subjects

Group	No.	RH	%RH
FH	70	31	44
CPS	65	31	48
Control	67	37	55

However, when we compare the relapse rates for the three SRS research groups to the Experimental and Control groups in the NIMH study, we find the rates for both of the Fountain House groups to be almost identical. The rates for the control groups in both studies are also equivalent.

TABLE 15

Incidence of Rehospitalization for SRS and NIMH Subjects

	Percentage Rehospitalized		
	SRS	NIMH	
Group	18 mos.	18 Mos.	24 Mos.
Fountain House	44	43	44
CPS	48	-	-
Control	55	56	61

Of special interest is the fact that the rehospitalization rates in the NIMH study increased at the end of 24 months to 61% for the Control group and to 44% for the Fountain House group. Although there was no significant difference in the rehospitalization rates at 18 months in either the NIMH or the SRS study, the difference in relapse rates at 24 months in the former study was statistically significant at the .02 level. Because the subjects treated in both studies were basically similar, the two study populations can be combined and analyzed as a unit. By increasing the size of the Experimental and Control groups, we find that the difference in rehospitalization rates at 18 months between the 322 Fountain House subjects is statistically significant at the .01 level, using Cochran's criterion.

TABLE 16

Rehospitalization Rates at 18 Months for Combined NIMH & SRS Research Groups

Group	No. of Subjects	No. RH	% RH
Experimental	322	138	43
Control	148	82	55

When rehospitalization rates are examined on the basis of three month intervals during the study period, five important observations can be made.

First, the rehospitalization rates for all five research groups had not become stabilized by the end of the sixth quarter. Secondly, the relapse rates for NIMH groups continued to rise during the seventh and eighth quarters, particularly for the Control groups. Thirdly, the rehospitalization rates for Control groups in both studies were remarkably similar. Fourth, the relapse rates for the two Fountain House groups, SRS and NIMH, were not only similar to each other but were consistently lower than those for the two Control groups. Fifth, one can speculate as to what the SRS rehospitalization rates would have been, had information been available for the seventh and eigth quarters. (The SRS study was confined to an 18 month period, whereas the NIMH study last 24 months.)

TABLE 17

Cumulative Rehospitalization Rates by Quarters for SRS & NIMH Research Groups

	Cumulative Percentage Rehospitalized				
	Fountain House		Control Groups		CPS
Quarter	SRS	NIMH	SRS	NIMH	SRS
1st	16	12	25	22	14
2nd	20	21	37	37	20
3rd	27	29	43	46	28
4th	34	35	46	48	40
5th	36	39	52	53	46
6th	44	43	55	56	48
7th	--	43	--	58	--
8th	--	44	--	60	--

As will be noted, the rehospitalization rate of SRS subjects in the Community Placement Service (CPS) group was higher than that of SRS subjects in the Fountain House (FH) group, but was consistently lower than the relapse rates for Control (C) subjects. In our study design, we hypothesized that the services of a vocational counselor would be helpful to CPS subjects but would not be sufficient to result in a significant improvement of the community adjustment of CPS subjects. This hypothesis was supported by the relapse rate which was less than that of Control subjects, as the difference was not significant. This was also the case, however, with Fountain House subjects.

A further analysis must be made of SRS subjects in terms of the time interval which occurred between a subject's discharge from hospital and his initial assignment to one of the SRS research groups. The design of the SRS study required that two sub-groups be established within each of the three SRS research groups. One sub-group (Shorts) would consist of subjects who entered the study within four months of leaving the hospital, thus having a time interval identical with that of subjects in the NIMH study. The second sub-group (Longs) would consist of subjects whose time interval between hospital release and study admission was 4-24 months.

In Table 18, we note that the rehospitalization rate of 38% for SRS subjects designated as shorts is not only substantially lower than the relapse rate for either the CPS or the Control subjects (49% and 68% respectively, but the difference is significant at to .05 level. While the relapse rate of 49% for the CPS group was considerably lower than the Control rate of 68%, the difference was not significant.

TABLE 18

Rehospitalization Rates for all NIMH Subjects and for SRS Short Interval Subjects (0-4 Mos.)

Research Groups	Rehospitalization					
	SRS-18Mo.		NIMH-18 Mo.		NIMH-24 Mo.	
	N	%	N	%	N	%
FH	40	38	252	43	252	44
CPS	37	49	--	--	--	--
Control	34	68	81	56	81	61

In the NIMH study, the relapse rate of Fountain House subjects at 18 months was substantially lower than that of Control subjects (43% vs. 56%), but the difference was not significant. At 24 months, however, the relapse rate of 44% for Fountain House subjects was significantly lower than the Control group rate of 61%.

We are able to make a further comparison, in Table 19, which concerns the "reaching-out" services which were provided to all SRS subjects in the Fountain House group. In the NIMH study, the Experimental population of 252 subjects was divided into three subgroups. While each of the three groups had the agency's services available to it, they differed by design with respect to one feature, namely "reaching out" services immediately following intake.

Group 1 in the NIMH study, consisting of 88 subjects, received long-term reaching out services, as did the Fountain House subjects in the SRS study. Group 2 in the NIMH study received such services only for a period of one month following intake, while Group 3 received no reaching-out services for the purpose of establishing initial participation. In Table 19, we compare the rehospitalization rate of SRS short interval subjects in the Fountain House group to the relapse rate of subjects in the sub-group of the NIMH study which received similar reaching-out services.

TABLE 19

Rehospitalization Rates for SRS Short Interval Subjects and NIMH Group 1 Subjects

Group	SRS 18 Mo.	Percentage Hospitalized NIMH 18 Mo.	NIMH 24 Mo.
FH	38	35	38
CPS	49	--	--
Control	68	56	61

The relapse rates of 38% for the Fountain House group in the SRS study and 35% and 38% in the NIMH study were significantly lower than the relapse rates for Control subjects in each of the two studies. These reductions were statistically significant at the .01 level in the SRS study at 18 months, at the .02 level for the NIMH study at 18 months, and at the .01 level for the NIMH group at 24 months.

When we examine in Table 20 the relapse rate for SRS long interval subjects whose interval between hospital release and study intake was from 4-24 months, no significant difference was found in the rehospitalization rates for such subjects. It is not possible to make any comparison with the NIMH study as there are no subjects in that study with a comparable time interval.

TABLE 20

Rehospitalization Rates at 18 Months for SRS Subjects Applying to Fountain House from 4-24 Months following Hospitalization

Group	Percentage Rehospitalized
FH	53
CPS	46
Control	42

We do not understand why the relapse rate for the Fountain House group was not significantly lower than that of the CPS or Control groups, as a significant reduction was found for short interval subjects. We examined in detail, therefore, the background characteristics of long interval subjects but were unable to demonstrate any significant differences. However, when we accentuated the interval between hospital and research intake by examining the rehospitalization rates of subjects whose interval was from one to two years, we found that 67%, or eight out of 12 Fountain House subjects, were rehospitalized, compared to 9% or one out of 11 CPS subjects and 22% or two out of nine Control subjects. This difference in relapse rates is significant at the .01 level.

TABLE 21

Rehospitalization Rates for SRS Subjects Where Interval Out of Hospital Prior to Intake was One Year or Longer

	Subjects of Interval Greater than One Year		
Group	No.	No. RH	%RH
FH	12	8	67
CPS	11	1	9
Control	9	2	22
	32	11	

Unfortunately, there were only 32 subjects in this one to two year interval. As a result, it was difficult to study the three subgroups of 12, 11 and nine subjects in terms of such background characteristics as time hospitalized, sex, age at intkae, employment history, and a variety of other characteristics.

Day or Night Hospitalization

In the year and a half of the study period, certain subjects underwent day or night hospitalization; one in the Fountain House group, three in the CPS group, and 12 in the Control group. In the SRS study, such medical care was not defined as a "rehospitalization," as it was not possible to determine the degree to which the Fountain House setting served as a substitute for day or night hospitalization.

Time in Study Prior to Rehospitalization

We may now examine the length of time which rehospitalized subjects spent in the community following intake and prior to rehospitalization. Our interest is whether or not rehospitalizations in one research group tended to be delayed in comparison to other research groups.

TABLE 22

Average Number of Months between Study Intake and Rehospitalization for SRS Subjects by Short & Long Interval

Interval	FH	CPS	C
Shorts	6.1	5.5	4.7
Longs	8.6	9.6	6.7
Total	7.4	7.2	5.5

As seen in Table 22, for short interval subjects, members of the Control group spent less time in the study (4.7 months) before going back to the hospital. For the CPS group it was 5.5 months, while the Fountain House group averaged 6.1 months in the study prior to rehospitalization.

For subjects with the long interval of 4-24 months, we found that Control subjects were rehospitalized more quickly than subjects in the CPS or Fountain House groups. However, Fountain House long subjects tended to go back sooner than their counterparts in the CPS group (8.6 months and 9.6 months respectively).

Combining the averages for both short and long subjects in each of the three populations, subjects in the Fountain House and CPS groups remained almost two months longer in the community than Control subjects who had an average of 5.5 months.

Duration of Rehospitalization

Our follow-up surveys enabled us to acquire precise information as to the actual number of days which rehospitalized subjects in each of the three research groups spent in the hospital. There is evidence, as seen in Table 23, that the Fountain House subjects who became rehospitalized, regardless of the interval between discharge from hospital and admission to the study, spent fewer days in the hospital on the average than rehospitalized subjects in the CPS or Control groups.

TABLE 23

Average Number of Days in Hospital for Short & Long SRS Subjects

Interval	FH	CPS	C
Shorts	125	294	218
Longs	174	168	234
Total	182	241	224

The average number of days in the hospital for Fountain House subjects was 182, compared to 241 for CPS and 224 days for Control subjects. An even greater difference exists for Fountain House subjects who entered the study within four months of leaving the hospital. Their average number of days of rehospitalization was 125, compared to 294 for CPS subjects and 218 for Control subjects.

Rehospitalization and Attendance

In the NIMH study, a significant reduction in rehospitalization occurred at the end of 24 months. We also found a significant reduction at the end of 18 months for those SRS subjects who had entered the study within four months of leaving the hospital. It is necessary, however, to examine the extent to which all experimental subjects in both studies were exposed to the rehabilitative influence of the agency.

TABLE 24

Levels of Attendance for NIMH and SRS Experimental Subjects and Rehospitalization Rates

Number of Visits Prior to Rehospitalization	Rehospitalization Rates (%)	
	NIMH	SRS
0-4	59	67
5-20	46	53
21+	28	35

The highest tendency for rehospitalization occurred among those subjects who made four visits or less, 67% for SRS subjects and 59% for NIMH subjects. The rehospitalization rate was cut almost in half for those SRS and NIMH subjects who made 21 visits or more. The reduction is significant at the .001 level for the NIMH group but does not reach significance in the SRS study ($p<.15$).

The relationship of attendance to rehospitalization is demonstrated clearly in Table 25.

TABLE 25

Rehospitalzation Rates and 18 Month Attendance Levels in Day Program for NIMH Subjects and SRS Subjects (0-4 Months Interval)

Number of Visits Prior to Rehospitalization	Rehospitalization Rates (%)	
	NIMH	SRS
0-4	57	57
5-20	40	40
21+	27	30

For SRS short interval subjects and for NIMH subjects who made four visits or less during the entire study or prior to rehospitalization, the rehospitalization rates were not only identical, namely 57% , but were about twice the rates for those subjects in either study who had an attendance of 21 times or more. The reduction is significant at the .001 level in the NIMH study.

To the extent that rehabilitation services were responsible for a significant reduction in rehospitalization rates, as indicated in both the NIMH and SRS studies, participation of at least 21 visits or more is associated with a lower relapse rate. It should be recalled that if a subject attended the agency's program five days a week for only one month, he would have recorded an attendance of at least 20 visits.

If Control groups had not been utilized in the SRS and NIMH studies, enabling us to establish a statistically significant reduction in rehospitalization rates in both studies, one might explain the lower relapse rate of high attenders as being due to their healthier level of adjustment or to the fact that rehospitalized subjects were not available to register a higher attendance compared to subjects who tended to remain in the community.

First Month Attendance and Rehospitalization

First month's attendance for SRS short interval subjects is also correlated with rehospitalization but not to the same extent as total attendance.

TABLE 26

First Month Attendance Level of NIMH and SRS Short Interval Subjects (0-4 Months) and Rehospitalization Rates

Number of Visits Prior to Rehospitalization	Rehospitalization Rates (%)	
	NIMH	SRS
0-3	51	44
4+	34	35

In the NIMH study, for subjects who attended less than four times, 51% were rehospitalized as compared to 34% for those subjects who attended four times or more. In the case of the SRS study we find again that subjects attending once a week or more had a relapse rate of about 35% (as compared to 44% for those making three visits or less) during the month following intake.

Attendance for SRS Long Interval Subjects

Of the 30 Fountain House long interval subjects, ten made 20 or fewer visits to the day program during the study period, while 20 made 21 visits or more. As seen in the following table, there was an 80% rehospitalization rate for the ten subjects making 20 visits or less, compared to 40% of those who attended 21 times or more.

TABLE 27

18 Month Day Attendance and Rehospitalization Rates for SRS Long Interval Subjects

Number of Visits	No.	%RH
0-20	10	80
21+	20	40
	30	

Thus, the eight of ten long interval subjects who were rehospitalized had only minimal exposure to the rehabilitation services of Fountain House.

A further observation is of interest concerning the attendance of all rehospitalized subjects, both long and short, during the 30 day period immediately preceding rehospitalization. Of the 31 subjects in the Fountain House group who were rehospitalized during the course of the study, over one-half, or 16 subjects, had no contact whatsoever in the month preceding their rehospitalization. The lack of program participation and the absence of contact with rehabilitation staff is a clear demonstration of the failure to deliver services at a crucial point in the client's life. This is not to imply that rehospitalization would have been prevented. We only wish to emphasize that enabling services should be closely related in time to significant events.

Background Characteristics

In the NIMH study, a total of 54 variables were examined with reference to rehospitalization. Six were found to be significantly correlated to rehospitalization:

Age at Intake
Duration since Last Employment
Number of Times Hospitalized
Total Time Hospitalized

Age at First Hospitalization
Diagnosis

None of these six variables was found to be correlated with rehospitalization in the SRS study. Furthermore, none of the 25 variables utilized to study comparability of the three research groups was significantly correlated with rehospitalization. Many characteristics were examined, such as the MSS, Srole Anomie Scale, the Wing Inventory, and selected items from the Intake Subject Form, with no significant findings[1]. Only on the variable of interval was significance found.

In the NIMH study, the Experimental population totalled 252 subjects, and it was possible to examine the relationship of multiple variables to such indices of outcome as attendance, rehospitalization and employment. In the SRS study, our Experimental population totalled only 70 subjects, consisting of 40 short interval and 30 long interval subjects. By study design it was necessary to confine our analysis to these two sub-groups and our effort to examine multiple variables resulted in such small sub-groups that statistical analsis was unrewarding.

Footnote

1. See Appendix for summary table of rehospitalization rates according to background characteristics.

Chapter VI

EMPLOYMENT

Throughout the study period, information was collected regularly concerning the employment of subjects in the three reseach groups. Employment was defined as any job for which a wage was earned. We excluded any "employment" where the subject was working in a family-owned store, for example, where an allowance was given rather than a regular salary.

Subjects in the Fountain House group, of course, had transitional employment available to them. Their securing of such employment was not arranged independently between the employer and themselves, and the Transitional Employment Program, therefore, is treated separately in our presentation of employment data.

In Table 28, we see identical employment rates of 37% in the sixth quarter for subjects in the CPS and Control groups, compared to 31% for the Fountain House group.

TABLE 28

Number and Percentage of SRS Subjects
Employed Each Quarter During Study Period

	FH		CPS		C	
Quarter	f	(%)*	f	(%)*	f	(%)*
1	12	(17)	23	(35)	17	(25)
2	15	(21)	22	(34)	23	(34)
3	19	(27)	24	(37)	26	(39)
4	19	(27)	25	(38)	25	(37)
5	17	(24)	22	(34)	25	(37)
6	22	(31)	24	(37)	25	(37)

* Percentages are of group totals: FH=70, CPS=65, C=67.

With the exception of the first quarter, the employment rates for the CPS and Control groups were almost identical throughout the study period and were fairly stabilized from the second through the sixth quarter, showing no upward trend whatsoever.

With respect to the Fountain House group, two relevant observations can be made. First, the employment rate of 17% in the first quarter for the Fountain House group was substantially lower than the 35% rate for the CPS group and also lower than the 25% of employed subjects in the Control group. Secondly, although the employment rate for the Fountain House group was lower in each succeeding quarter than the CPS and Control groups, the rate showed an upward trend from 17% in the first quarter to 31% in the sixth quarter.

As in our discussion of rehospitalization, the problem of the limitations of an 18 month study period arises. In Table 29, it will be noted that in the seventh and **eighth quarters of the NIMH** study, the employment rate for the 88 subjects in the NIMH Experimental 1 group who were most equivalent to the 70 SRS subjects rose from 32% in the sixth quarter to 38% during the eighth quarter.

TABLE 29

Percentage of SRS and NIMH Subjects Employed Each Quarter During Study Period

Quarter	SRS FH	NIMH E1(FH)	NIMH Total E(FH)	NIMH Control
1	17	20	24	22
2	21	26	27	20
3	27	28	28	21
4	27	30	29	23
5	24	31	31	26
6	31	32	32	26
7	--	34	33	25
8	--	38	35	23

Percentages are of group totals: SRS-FH=70, NIMH E1=88, NIMH Total E=252, NIMH Control=81.

In the NIMH study, there was a consistent rise in the employment rate from 20% in the first quarter to 32% in the sixth quarter and the rate continued to rise during the seventh and eighth quarter. The employment rate for SRS subjects, similarly, tended to increase through the first six quarters, and we must therefore allow for a continued rise in the employment rate for SRS subjects in the seventh and eighth quarters. Our findings in both the NIMH and SRS studies tends to emphasize the limitations of an 18 month study if an adequate interpreatation of outcome is to be made.

It is of interest to note at this point the rates of employment for each of the three study groups on the last day of the 18 month study period.

TABLE 30

Number and Percentage of SRS Subjects Employed on the Last Day of Study Period

FH		CPS		C	
f	(%)	f	(%)	f	(%)
18	(26)	12	(19)	19	(28)

The 26% proportion of the Fountain House group who were employed is similar to the 28% proportion in the Control group, in contrast to the employment rate of 19% for the CPS group. While 31%

of the Fountain House members were employed during this sixth quarter (Table 28), 26% were employed on the last day of the study, a difference oi five percentage points. In the CPS group, however, while 37% were employed during the sixth quarter, only 19% held jobs at the end of the study, for a difference of 18%. In the Control group, the 37% who were employed during the sixth quarter was reduced by 9% at the end of study to a total of 28%.

Two primary reasons can be cited for the lower employment rates for Fountain House subjects throughout the study period. First, a member could not be an active participant in the rehabilitation program of Fountain House and simultaneously be gainfully employed. Secondly, transitional employment was available to Fountain House members and therefore, for many members, represented a preferred alternative to a job of their own in the community.

In Table 31, we note not only the percentage of SRS subjects employed during each quarter, but also the percentage who were on transitional employment only during each quarter.

TABLE 31

Number and Percentage of SRS Fountain House Subjects on Regular Jobs, TEP Only, or Both, During Each Quarter of the Study Period

Quarter	Regular Employment Only		TEP Only		Regular Employment or TEP	
	f	(%)	f	(%)	f	(%)
1	12	(17)	28	(40)	40	(57)
2	12	(21)	28	(40)	43	(61)
3	19	(27)	21	(30)	40	(57)
4	19	(27)	15	(21)	34	(49)
5	17	(24)	19	(27)	36	(51)
6	22	(31)	11	(16)	33	(47)

As will be noted, during each quarter of the study, approximately one-half of all SRS subjects were exposed to employment in the business community either through jobs of their own or through transitional employment. Of particular importance is the fact that at the end of the sixth quarter, while 31% of the Fountain House group was gainfully employed, an additional 16% had received experiences in the Transitional Employment Program during that quarter. As transitional employment was utilized at Fountain House as a bridge or stepping stone to employment of one's own, members in this program serve as a feed group for regular employment and we can onl, speculate as to how many would go on to jobs of their own and thereby continue to increase the employment rate for Fountain House subjects. It must be further noted, however, that during the sixth quarter, 51% of the 70 subjects in the Fountain House group registered some attendance at Fountain House and it is clear that for these subjects the rehabilitation process had by no means come to an end.

A further dimension of employment of Fountain House subjects can be seen in Table 32 which presents, on a cumulative basis, the percentage of research subjects who had been exposed to gainful employment during the study period, including those in the Fountain House group who underwent at least transitional employment.

TABLE 32

Cumulative Number and Percentage of SRS Subjects Employed and on TEP

Quarter	FH Excluding TEP cf	FH Excluding TEP (%)	FH Including TEP cf	FH Including TEP (%)	CPS cf	CPS (%)	C cf	C (%)
1	12	(17)	40	(57)	23	(35)	17	(25)
2	19	(27)	50	(71)	28	(43)	26	(39)
3	25	(36)	54	(77)	31	(48)	32	(48)
4	27	(39)	56	(80)	33	(51)	34	(51)
5	28	(40)	58	(83)	36	(55)	36	(54)
6	33	(47)	60	(86)	37	(57)	38	(57)

Percentages are of group totals: FH=70, CPS=65, C=67.

By the end of the sixth quarter, just over one-half, or 57%, of CPS and Control subjects, at some point, had been gainfully employed. Throughout the study, the rates were almost identical with the exception of the first quarter which demonstrates, we believe, the relative comparability of the two groups so far as their eimployment patterns are concerned. Just under one-half of the Fountain House subjects, or 47%, were gainfully employed by the end of the sixth quarter. However, a total of 86% had had a working experience in commerce and industry, either through jobs of their own or through the Transitional Employment Program. For Fountain House, the implications of this finding is extremely significant. It means that the vocationally disabled do not have to be isolated from the normal work community in our society. Through transitional employment, a mechanism has been created whereby their rehabilitation experience is conducted not only within the program of the rehabilitation center but also within the community itself. It is for the future to evaluate the extent to which this utilization of the normal community will contribute to the vocational adjustment of the psychiatric patient. As already indicated, we were not able to perform this evaluation within the 18 month period.

An indication of the extent to which additional Fountain House members, as well as Control subjects, may experience for the first time gainful employment in the business community is seen in Table 33 concerning the NIMH study. In the seventh and eighth quarters, additional NIMH subjects secured employment for the first time and this would give further evidence to our view that a similar pattern would occur for SRS subjects particularly in view of the 51% who were still attending Fountain House in the sixth quarter, including the subjects who were on transitional employment.

TABLE 33

Cumulative Number and Percentage of SRS and NIMH Subjects Employed and on TEP

Quarter	SRS-FH cf	SRS-FH (%)	NIMH Total E cf	NIMH Total E (%)	NIMH Control cf	NIMH Control (%)
1	12	(17)	60	(24)	18	(22)
2	19	(27)	84	(33)	24	(30)
3	25	(36)	103	(41)	31	(38)
4	27	(39)	120	(41)	34	(42)
5	28	(40)	129	(51)	38	(47)
6	33	(47)	136	(54)	41	(51)
7	--		141	(56)	45	(56)
8	--		145	(58)	48	(59)

Work Experiences and Rehospitalization of the Fountain House Group

All subjects in the SRS study were unemployed at the time of intake. From that point on, throughout the study period of 18 months, a subject could remain unemployed, could acquire a job, or he could become rehospitalized. For the Fountain House group, subjects could also undergo the experience of transitional employment. If research subjects did not become rehospitalized, the events of continued unemployment, the securing of a job, and placement on transitional employment could be examined throughout the entire study period. If rehospitalization did occur, the pattern of these events could be observed prior to the rehospitalization.

In Table 34, four patterns of work status are presented for Fountain House subjects.

TABLE 34

Work Experiences of Fountain House Subjects During the SRS Study or Prior to Rehospitalization

	Subjects who:	Number of Subjects	Number RH	% RH
Group 1)	Remained unemployed	17	14	82
Group 2)	Had TEP only	26	14	54
Group 3)	Had employment only	14	2	14
Group 4)	Had TEP and employment	13	1	8
		70	31	

The analysis consists of assigning the 70 Fountain House subjects to four separate categories. Group 1) consists of 17 subjects who were neither employed during the study period nor underwent transitional employment. Fourteen subjects, or 82%, of this group were rehospitalized at some point during the study. In Group 2), we have 26 subjects who, following their unemployment at intake, underwent transitional employment but did not secure jobs of their own during the study period or prior to rehospitalization. In this group, 14 subjects, or 54%, were rehospitalized. Group 3) consists of 14 subjects who went from unemployment at intake to jobs of their own without any prior experience in the Transitional Employment Program. Only two subjects, or 14%, became rehospitalized. The last group (4) consists of 13 subjects who had both transitional employment preceding and jobs of their own during the study period or prior to rehospitalization. Only one subject, or 8% of this group, was rehospitalized.

It is apparent that the group with the highest tendency for rehospitalization consists of those subjects (Group 1) who were neither employed nor involved in the Transitional Employment Program of the agency. The lowest tendency for rehospitalization is found in Groups 3) and 4) consisting of subjects who went on to jobs of their own following intake or who, prior to gainful employment in the community, underwent the experience of transitional employment. The difference between the rehospitalization rate of Groups 1) and 2) together (65%) and that of Groups 3) and 4) together (11%) is significant at the .001 level.

We found it helpful to group subjects in this manner as the patterns were distinct and accentuated the significance of work experiences as a predictor of rehospitalization. A further issue must be examined. Did subjects in Group 1) undergo the same exposure to the rehabilitation services as subjects in the other three groups? Of the 17 subjects in Group 1) who had neither employment or transitional employment following intake at Fountain House, we find that almost on-half, or eight of these subjects, made only four visits or less to Fountain House during the study period or prior to rehospitalization if it occurred. Furthermore, another six subjects made only from five to 20 visits. Thus, 14 of the 17 subjects had only minimal attendance (5-20) or made only a few visits (0-4) following their intake.

In Table 35 we note the attendance patterns of the 26 subjects in Group 2) who underwent transitional employment during the course of the study or prior to rehospitalization.

TABLE 35

Attendance for the 26 Fountain House Subjects Holding Transitional Employment only During SRS Study or Prior to Rehospitalization

Number of Visits	Number of Subjects	Number RH	% RH
0-10	0	--	--
11-20	2	2	100
21-50	6	3	50
51-150	7	5	71
151+	11	4	36
	26	14	54

It is understandable why all of the 26 subjects made more than ten visits to the center, due to their participation in the Transitional Employment Program. With the exception of the two subjects who made from 11-20 visits, almost all of the 26 subjects underwent reasonable exposure to the services of Fountain House. Eighteen subjects in the group, or 69%, made 51 visits or more.

High attendance in itself does not automatically insure a lower rehospitalization rate. An active member in the day program of Fountain House, attending four to five times a week as well as attending the evening program on a once a week or more basis, can register a total of 30 attendances within a one month period. If this pattern of participation were to cover a period of only three months, an attendance of approximately 90 could be recorded. A patient who became rehospitalized shortly following intake does not have the opportunity to become an active participant. At best, he would only register a few visits. In the Fountain House group, however, only six percent became rehospitalized during the first month following intake and only 16% were rehospitalized during the first three month period of the study. Therefore, 84% of the Fountain House group had an opportunity to undergo at least a three month exposure to the rehabilitative programs of Fountain House. To the extent that the rehabilitative services were responsible for the lower rehospitalization rate of Fountain House subjects, as discussed in Chapter V, it is evident that most Fountain House subjects had the opportunity to undergo exposure to the rehabilitation services and in fact did so.

In Table 36, we examine the attendance levels of the 14 Fountain House subjects in Group 3) who, following intake, went on to gainful employment of their own.

TABLE 36

Attendance for the 14 Fountain House Subjects Holding Employment Only, or Prior to Rehospitalization

Number of Visits	Number of Subjects	Number RH	% RH
0-4	4	1	25
5-10	5	1	20
11-131	5	0	0
	14	2	

It would not be possible for someone to be gainfully employed in the community and simultaneously to participate to a high degree in the day program. However, ten of the subjects made five visits or more and five of the subjects had attendances of 16, 36, 92, 108 and 131 visits each. Since nine of this group of 14 subjects had little or no exposure to Fountain House, the assumption that their exposure to the setting was helpful in facilitating their adjustment in the community is not supported. Unfortunately, we are dealing with small sub-groups, but at least five of the 14 subjects were active participants in the setting.

In Table 37 are the 13 Fountain House subjects in Group 4) who moved from unemployment at intake to transitional employment and then on to jobs of their own in the community. Eleven of these 13 subjects registered a total attendance of 51 visits or more. None were rehospitalized. Of the two subjects who made from 11 to 20 visits, one underwent rehospitalization.

TABLE 37

Attendance of 13 Fountain House Subjects Who Held Both Transitional Employment and Employment During the Study or Prior to Rehospitalization

Number of Visits	Number of Subjects	Number RH	% RH
0-10	0	--	--
11-20	2	1	50
21-50	0	--	--
51-100	3	0	0
101-150	4	0	0
151+	4	0	0
	13	1	

Work Experience and Rehospitalization in the Three Research Groups

In the Fountain House group, we saw in Table 34 that the 27 subjects who secured employment during the study, or who had both transitional employment and jobs of their own, were far less apt to be rehospitalized than those who remained unemployed during the study or had work experience only through the Transitional Employment Program. We may now analyze the work experiences of the subjects in the CPS and Control groups to **determine** the extent to which employment in the community is related to rehospitalization.

TABLE 38

Work Experience of SRS Research Groups During the Study or Prior to Rehospitalization

Research Group	Subjects who:	Number of Subjects	Number RH	% RH
FH	Remained unemployed	43	28	65
	Became employed	27	3	11
CPS	Remained unemployed	33	19	58
	Became employed	32	12	38
Control	Remained unemployed	35	23	66
	Became employed	32	14	44

In all three groups, the rehospitalization rates are very similar for subjects who failed to become employed at least once during the study period or prior to rehospitalization. However, in each of the three research groups, rehospitalization rates were substantially lower among those subjects who secured jobs of their own in the study period or before rehospitalization occurred. Employment, therefore, is closely associated with non-rehospitalization. Of special interest are the 27 subjects in the Fountain House group who secured employment of whom only three or 11%, were rehospitalized, compared to 38% for CPS and 44% for the Control group. The difference between the Fountain House group and CPS is significant at the .05 level, and the difference between Fountain House and Control is signficant at the .02 level. It has already been reported that the rehospitalization rate of the Fountain House subjects who became employed was lower than that of the unemployed subjects. The difference between the employed and unemployed of the CPS and Control groups are in the same direction, but are not significant.

As we noted in Chapter V, the rehospitalization rate for Fountain House subjects, as a group, was lower than the other two research groups, but the difference was not significant. However, we found that the relapse rate for Fountain House subjects who entered the study within four months of leaving the hospital was not only less than the relapse rates for similar subjects in the Control group, but the difference was statistically significant at the .01 level.

The pertinent question, therefore, is to what extent was employment related to rehospitalization for subjects who entered the study within four months of leaving the hospital, and for those who had been out of the hospital from 4-24 months before study admission. We will examine, first, long interval subjects in each of the three research groups.

TABLE 39

Work Experience of SRS Research Groups During the Study or Prior to Rehospitalization
Long Interval Subjects (4-24 Mos.)

Research Group	Subjects who:	Number of Subjects	Number RH	% RH
FH	Remained unemployed	19	13	68
	Became employed	11	3	27
CPS	Remained unemployed	18	10	56
	Became employed	10	3	30
Control	Remained unemployed	19	11	58
	Became employed	14	3	21

In each of the three research groups, we find similar rehospitalization rates for subjects who remained unemployed during the study period or prior to rehospitalization. The rates for the CPS and Control groups are almost identical, 56% and 58% respectively, with a 68% relapse rate for Fountain House subjects. For subjects who became employed, however, there was a substantial reduction in the rehospitalization rates in each of the three research groups. We find only 27% rehospitalized in the Fountain House group, 30% in the CPS group and 21% in the Control group. Clearly, employment was closely associated with a lower rehospitalization rate for subjects in all three groups whose interval out of hospital was from 4-24 months. Furthermore, the Fountain House subjects participated in the services of the agency and rehospitalization rates were similar to subjects in the other two research groups.

Many of the unemployed subjects in the Fountain House group had transitional employment as did those who became employed. So far as rehospitalization is concerned, the availability of Fountain House and the program of transitional employment had no effect on rehospitalization for these subjects. This finding, of course, is consistent with our review in Chapter IV of rehospitalization rates for long interval subjects in each of the three research groups.

In Table 40, however, we are able to identify those subjects in the Fountain House group who most benefitted from the services of the agency and were, in our judgment, largely responsible for the significant reduction which occurred in the rehospitalization rates for Fountain House subjects who entered the study within four months, compared to CPS and Control subjects with the same interval.

TABLE 40

Work Experience of SRS Research Groups During the Study
or Prior to Rehospitalization
Short Interval Subjects (0-4 Mos.)

Research Group	Subjects who:	Number of Subjects	Number RH	% RH
FH	Remained unemployed	24	15	62
	Became employed	16	0	0
CPS	Remained unemployed	15	9	60
	Became employed	22	9	41
Control	Remained unemployed	16	12	75
	Became employed	18	11	61

For subjects who remained unemployed throughout the study, or prior to rehospitalization, the relapse rates were largely the same in each of the three populations, although the rates for Fountain House and CPS subjects were less than that of the Controls. For Control subjects who became employed, the relapse rate was 61%. This compares to 41% for employed CPS subjects, while none of the 16 Fountain House subjects who became employed were rehospitalized. The reduction in the rehospitalization rate for employed subjects in the Fountain House group, as compared to employed subjects in the CPS and Control groups, is significant at the .01 level.

Chapter VII

SUMMARY

The research design of the SRS study required the establishment of three research groups, one to receive the services of Fountain House, the second to receive counselling services separate from the agency, the third to serve as a control group having available only the services of the community at large. Each of the three research groups were established from the intake population of Fountain House and regular surveys concerning community adjustment were successfully completed throughout the 18 month study period for over 95% of research subjects.

Although the research conducted within an agency which provided services to clients referred by a variety of community facilities, no unusual difficulties were encountered with respect to the utilization of a control group or an experimental group which did not receive the services of the setting.

A primary purpose of the study was to expand the Transitional Employment Program of Fountain House, and this goal was surpassed beyond initial expectations. Private enterprise in New York City became an active participant in the rehabilitation programs of Fountain House. Over 40 business and commercial firms provided work opportunities at any one time to over 160 Fountain House members, with earnings in excess of $300,000 a year.

Although not anticipated in the study design, a significant variation was developed in the employment program, consisting of five "group placements" in industry whereby Fountain House members could work together on the job, under the supervision of a regular employee or under the supervision of a Fountain House staff worker.

Each of the three research groups consisted of two sub-groups, one composed of individuals who entered the study within four months of leaving the hospital, the second consisting of subjects whose interval between hospital and study intake was from 4-24 months. When the two sub-groups were combined in each of the three research groups, there was no significant difference in the rehospitalization rates among the three groups at the end of an 18 month period, although the relapse rate for Fountain House subjects was the lowest of the three research groups. There was also no significant difference when the relapse rate for long interval subjects (4-24 months) in each of the three research groups were compared to each other.

It was found, however, that the relapse rate for short interval subjects in the Fountain House group (0-4 months) was significantly lower than the relapse rate for short interval subjects in the Control group, the difference being significant at the .02 level. While the relapse rate for subjects in the CPS group was lower than that of the Control group, the difference was not significant. When the 38% relapse rate of Fountain House subjects is compared to the

58% rate for the combined CPS and Control groups (CPS 49% and Control 68%), the difference is significant at the .05 level.

Findings for short interval subjects replicated the results of an earlier study supported by a grant from the NIMH. This study consisted of 252 Experimental and 81 Control subjects, all of whom entered the study within four months of leaving the hospital. The rehospitalization rate at the end of 18 months for Experimental subjects was 43% compared to a relapse rate of 56% for Control subjects. Although the services of Fountain House in the SRS study did not significantly lower the rehospitalization rates of Experimental subjects at 18 months, when the Fountain House group of 70 subjects is combined with the 252 subjects in the Experimental group of the NIMH study, a significant reduction (.01 level) occurs in rehospitalization rates, compared to the combined Control populations in each study of 148 subjects. This reduction occurs even though long interval subjects in the SRS study are included in the Experimental and Control groups.

In our analysis and interpretation of date, the limitations of an 18 month study continually appear. In the NIMH study, for example, rehospitalization and employment rates did not become stabilized at the end of an 18 month period. From the 18th through the 24th month, the rehospitalization rates for Experimental subjects in the NIMH study rose from 43% to 44% while the relapse rate for the Control population increased from 56% to 60%. There was no significant difference in the comparative rates at 18 months, but the difference was significant at the .02 level at the end of 24 months. When rehospitalization rates are used as a primary measure of community adjustment, it can be seen that an accurate evaluation would not have been possible in the NIMH study at 18 months.

An identical problem occurs with respect to employment rates. In the NIMH study, the employment rates for Experimental subjects increased from 32% in the 6th quarter to 35% in the 8th quarter. For the Control group, the rate actually declined from 26% in the 6th quarter to 23% in the eighth quarter. Our interpretation of findings therefore must give careful consideration to the fact that rehospitalization and employment rates in the SRS study were likely to undergo further change.

The issue of an adequate "study period" is relevant, we believe, to the severity of the disability we are working with and the rehabilitative techniques presently available. In recent years, the field of rehabilitation has placed increasing emphasis upon the necessity for longer term treatment of the psychiatric patient who is severely disabled, both vocationally and socially. Not only were we confronted with the tendency of many Experimental subjects to withdraw from the setting shortly following intake, but also with the reality of having many subjects seek services at a later point in the study, usually following a rehospitalization or other personal crisis. In such instances, of course, the services were limited to a period far shorter than the 18 months.

There is no question as to the tenuous quality of the community adjustment of subjects seeking service at Fountain House. In the SRS Control population, over one-half or 55% underwent rehospitalization within a period of 18 months. Only one in four, or 28%, were employed at the end of the study. The same pattern of vocational disability and high tendency for rehospitalization was seen in the NIMH study where 56% of Control subjects were rehospitalized within 18 months. Only one in four, or 26% were gainfully employed in the sixth quarter of the study. It has been our experience for many years at Fountain House that the agency tended to serve those individuals who have the greatest difficulty in achieving a community adjustment following hospitalization.

We did not anticipate, of course, that our services would not prove helpful to subjects whose interval out of hospital was from 4-24 months, and we are unable to provide a satisfactory explanation. The outcome for long interval subjects was similar in each of the three research groups. This finding emphasizes the importance of providing rehabilitation services as soon as possible, rather than letting months or years go by before the client receives the help he needs. This may help explain why the services of Fountain House were effective with subjects who entered the study within four months of leaving the hospital. Unlike long interval subjects, they were entering the first phase of their community adjustment and had not yet established a chronic pattern of behavior. While we were unable to demonstrate any clinical differences between long and short interval subjects, it was our impression that patients recently released from the hospital were more positive in outlook than subjects who had already been in the community for up to two years.

In any event, Fountain House was not helpful to long interval subjects. The effectiveness of our services was related to subjects who entered the study within four months of leaving the hospital, particularly those who had a capacity to obtain employment during the course of the study. In all three research groups, there were individuals who became gainfully employed. We would assume that the capacity for employment was equally distributed among the three research groups. For subjects in the Fountain House group, not only were the services of the agency available, but in particular the Transitional Employment Program. Of the 16 subjects who obtained employment or who had transitional employment prior to securing jobs in the community, none were rehospitalized. In the CPS group, there were 22 subjects who secured employment of which nine, or 41% returned to the hospital. In the Control group, 11 of the 18 subjects who became employed were rehospitalized for a relapse rate of 61%.

Our effectiveness, therefore, was related to short interval subjects, especially those who became employed or had transitional employment prior to their jobs in the community. As discussed, this finding does not apply to long interval subjects. However, when the same analysis is applied to subjects regardless of interval, we find that of the 27 Fountain House subjects who became employed, only three, or 11%, were rehospitalized. This compares to a 38% relapse rate for CPS subjects who became employed and 44% for Control subjects, the differences being significant at the .05 and .02 levels, respectively. Had the analyses of short interval subjects not been made, this finding would have been misleading.

We had anticipated that the employment rate of Fountain House subjects would be significantly higher than that of the CPS and Control groups. This hypothesis was not substantiated. However, within the 18 month period of the study, the employment rate for Fountain House subjects increased with each quarter, while there were no significant differences in the employment rates of the three research groups in the sixth quarter. Over 50% of Fountain House subjects were attending the program and 16% were on transitional employment. Not only would some of the members move on to transitional employment, but more importantly, some of the subjects on transitional employment would move on to jobs of their own in the community. Furthermore, the employment rates for the Control group remained fairly stabilized, at least for the last three quarters when the rate was 37%. In the CPS group, the employment rates remained stable from the first quarter when it was 35% to the sixth quarter when it was 37%. The rate for the Fountain House group increased rather consistently from the 17% in the first quarter to a high of 31% in the sixth quarter. In view of the active attendance of members in the sixth quarter and the 16% on transitional employment, we would anticipate a further increase in the employment rate for the Fountain House group.

In any event, the Transitional Employment Program of Fountain House, in conjunction with gainful employment in the community, made it possible for 86% of the Fountain House subjects to receive paid work experiences in commerce and industry in contrast to a 57% rate each, for the CPS and Control groups. In terms of total days employed throughout the study period, Fountain House subjects worked 10,430 days, CPS subjects 7,940 days, and the Control group 8,543 days, an adjustment being made for the difference in the size of the three research groups.

We were gratified about the marked growth which occurred in the Transitional Employment Program which made it possible for increasing numbers of Fountain House members to receive work experiences as part of their rehabilitation. We do not believe, however, that the techniques of transitional employment have been perfected, nor do we believe that the full rehabilitative potential of the Transitional Employment Program has been achieved.

The program is not helpful to the members simply because it is available. Towards the end of the study, it was apparent that members on placement played a most significant role in motivating fellow members to prepare themselves for transitional employment and to look forward to a placement as a normal or routine event in their experience at Fountain House. We also found that certain members in our group placements were ideally suited to perform a supervisory role, as well as a specific rehabilitative role at Fountain House. At Sears, Roebuck and Company, one of our members was hired by the firm to perform a supervisory role, and she was also hired by Fountain House on a part-time basis to work with staff and members who were related to the group placement at Sears. This pattern continued to develop, and at the present time, some six members on transitional employment are employed by the agency as part-time mental health workers.

There are many indications, indeed that our Transitional Employment Program will undergo further development and modifications as we try to perfect its effectiveness in facilitating vocational adjustment. Our need for members to fill placements, by the way, grew proportionately to the increase in employers. We could not rely on members "being ready." We had to intensify our efforts to prepare members for placement, and in particular to communicate more broadly the work opportunities which were becoming more and more available. This led directly to the development of audio-visual material which would give us greater assurance that all of the members at Fountain House would be informed of the opportunities available to them in the agency, not only with reference to transitional employment but with the many varied aspects of our programs which are of significance to the individual members. Members of course have become actively involved in the preparation of audio-visual materials and in most instances it is our members who appear on video tape and whose voices are recorded on sound tape. This is in keeping with the traditional emphasis at Fountain House; members themselves are significant factors in the process of mutual and self help.

There were other aspects of the study which were most rewarding. In the NIMH study we were greatly concerned with the large number of subjects who failed to become active participants in the services of the agency. It was extremely necessary, we believed, to conduct an intensive program of reaching out so that the members in the Fountain House group would at least undergo a reasonable exposure to the rehabilitation services of the setting. In comparison to the NIMH study where 58% of the subjects failed to attend more than 20 times during the course of the study, we were able in the SRS study to have more than 71% of the subjects make 21 or more visits to the center during the study period. It is evident that if one is to benefit from a rehabilitative service, one must at least undergo a reasonable exposure to the service.

We were also pleased that the participation of subjects in the Fountain House program did not reduce their contact with other community agencies and programs. In our three research groups, the use of community facilities, other than Fountain House, was almost equal. Fountain House subjects, of course, had in addition the services of the agency.

As would be expected, there were certain features of the study which did not receive adequate attention. For example, architectural planning was commenced during the middle of the SRS study for the new Fountain House, to be constructed across the street from our original clubhouse. Not only was time and energy of the staff involved in this important undertaking, but we have no way of knowing the extent to which this affected the services of the agency. We do know, however, that attendance in the original

Fountain House reached an all-time high, creating extremely crowded conditions during the course of the study.

We also regret that the three research groups consisted of two sub-groups which differed from each other with respect to length of time out of the hospital. In effect, we were conducting two studies simultaneously, with each research group consisting of only 30 to 40 subjects. This became most serious in the analysis of data and the application of statistical methods. The intake population of Fountain House would have been sufficient to create much larger research groups, and we believe that if this had been done, the findings of the study would have been more informative.

Another feature of the study which did not receive adequate attention was the lack of information concerning the social adjustment of research subjects. We acknowledge that this is a complicated problem, but it would have been possible, with more careful planning, to at least have available on a "log" or diary basis a running account of a subject's experiences in the community, particularly the way he felt about his life situation. We are not suggesting a complicated instrument. We have in mind only the kind of information which exists among people in general. When individuals in society are related to each other, they are interested in being aware of the feelings and significant events which are occurring in each other's lives.

We do not, for example, have information concerning the events surrounding the rehospitalization of research subjects. This is unfortunately true even for Fountain House subjects. We know that, in many instances, staff were significant in helping a subject to be rehospitalized and this should be documented. We had an excellent opportunity to examine, at least descriptively, the events surrounding rehospitalization of CPS and Control subjects, but this aspect of the study was not examined.

We were also disappointed that our use of participant observation did not meet our expectations. In the early phase of the study, professionals representing various disciplines were invited to participate in the programs of Fountain House for periods ranging from one to four weeks. Our approach was open-ended, in that we asked the observers to report what they saw occurring and to comment on whether they felt it was helpful to the client or was retarding his social or vocational adjustment. We also asked for their reasoning, so that we might understand the theoretical framework for their judgments. Tape recordings were made of all reporting sessions and a review of the sessions indicated that they would not lend themselves to relevant interpretation. Short term observation did not prove useful and in future research we would give careful consideration to long term observations by individuals who have a special interest and talent in this technique of research.

In reviewing the many facets of the SRS study, it is of interest to note that, of the $200,000 made available to the agency for the study, a large portion of the funding was utilized to provide the required services for research subjects: men and women who had undergone psychiatric hospitalization, a number of whom had not been in the community for many years. These services were not only available to subjects in the Fountain House research group, but were also available to countless numbers of other members of Fountain House. We are grateful that the budget of Fountain House has continued to grow through the years, enabling us to continue the services which were developed during the SRS study and to further expand them following the termination of the study.

The effects of the demonstration-research study have therefore continued, and in this regard we would like to mention, in closing, the establishment within our agency of a permanent research function, staffed by individuals who have acquired, through the SRS study, an expanded knowledge of research procedures and methodology. We look to the future as an opportunity to pursue the pertinent questions which have been raised, ranging from the lack of effectiveness with long interval subjects, to the more intensive application of work experiences in industry as a primary method for enabling the vocationally disabled mental patient to become gainfully employed in the community.

REHABILITATION AT FOUNTAIN HOUSE

By

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REHABILITATION AT FOUNTAIN HOUSE

In the preparation of this paper, our objective has been two-fold. First, to present a description of the various rehabilitation services offered at Fountain House, and secondly, to present certain considerations which we believe are pertinent to the effective rehabilitation of the psychiatric patient, and therefore have been major influences in the structuring of our services.

The Agency

Fountain House Foundation, Inc., is a non-profit, psychiatric rehabilitation center, established in 1948 to facilitate the community adjustment of men and women (referred to as members) who have been hospitalized for mental illness. Located just a few blocks from Times Square, it was the first program of its kind in the United States. A comprehensive program of rehabilitative services is offered, designed to strengthen the individual's vocational and social adjustment. In January of 1966, construction was completed on a new clubhouse facility designed to accommodate our expanding rehabilitation services and our growing membership. Currently over 325 members utilize our clubhouse during the daytime hours with an additional 600 members attending our evening and weekend social program. Our staff of approximately sixty includes professionals from the fields of social work, vocational rehabilitation, psychiatry, psychology, sociology, as well as mental health workers trained at Fountain House. Our present operating budget is approximately $800,000 a year.

Population

Over 80% of our members have a diagnosis of schizophrenia and tend to have multiple hospitalizations, frequently of long duration, often with a history of illness going back many years. Some 25% of our members are between the ages of 17 and 25, almost half are in the age range of 25-40, the balance from 40 to 78 years of age. About two out of three members are receiving financial assistance from welfare, social security disability, veterans' pensions, or other public sources. The population consists largely of individuals with a high degree of disability in their social and vocational functioning in the community. Follow-up studies and controlled research evaluation at Fountain House indicate that the membership is subject to a high incidence of rehospitalization, unless effective intervention is provided.

Most of our members join Fountain House upon their return to the community following hospitalization. Others become members while still in the hospital, attending the agency during the day, returning to the hospital each night. Consideration for membership is also extended to individuals who are receiving psychiatric treatment but who have not undergone hospitalization. From 70 to 100 men and women seek membership each month, being referred by the after-care clinics of New York City, the many public and private mental hospitals serving the New York metropolitan area, and the various other mental health facilities in the community. During the past few years, the services of the agency have become increasingly utilized by the State Division of Vocational Rehabilitation.

Evening Program

Since the establishment of Fountain House in 1948, our clubhouse has remained open and available to our members on a seven-day week basis. On evenings, weekends and holidays, we are open to the membership for social and recreational purposes. Many activities are available, such as dancing, discussion groups, lounge activities, dramatics, photography, bridge, and music appreciation. Fountain House members have the opportunity to drop into their "club," to meet with each other, to sit and relax. Many of the members using the evening program are gainfully employed, maintaining their evening attendance for social activities. Others have only recently started work and the evening program provides them with the opportunity to continue their contact with Fountain House during this critical period of initial employment and separation from the Fountain House Day Program. Through the years, we have found that the Evening Program and its continual availability to members enables the individual to easily re-establish contact with the setting at a time of crisis, such as loss of job, family problems, or the re-emergence of illness.

Day Program

The daytime hours at Fountain House have been organized to serve those members who have extreme difficulty in securing or maintaining employment. Many have been unemployed for years while others have had only sporadic, short-term employment. All are either financially dependent upon their families or public support. For most, a pattern of accommodation to disability has become clearly established. Whether the member lives at home with his family or resides by himself in the community, we view his day-to-day experiences as reinforcing his disability and his alienation from the work community.

It is not useful for us to think in terms of a member's motivation for productive work. Such considerations seem to result in either his ineligibility for our Day Program or create anxiety within the disabled member to cause him to withdraw from the setting. Our responsibility, as we view it, is to help the vocationally disabled be present in the Day Program, to spend part of their day in the setting so that they may be exposed to the influences of the program which we believe can gradually develop the capacity and motivation for productive work and gainful employment.

There is a wide variety of roles which the new member can assume in the Day Program, roles which we believe legitimate his personal participation. Of necessity we cannot establish, for example, a rigid pattern of 9 to 4 as a primary requirement for membership in the Day Program. Nor can we "assign" a work role to all newcomers. This means that newer members may only spend 1 to 2 hours a week in the Day Program and frequently the initial involvement is on a passive, almost observant level. Others, of course, are genuinely able to assume, from the beginning, a more active, responsible role and often on a full-time basis.

A crucial issue, in our view, is to have the level of participation thoroughly in keeping with the individual's interests, strengths and capacities; in brief, his readiness. Because there is a wide variance in the patterns of member participation, there is, as you would expect, an equally wide variance in the expectations which our environment communicates from one individual member to another.

Since the establishment of our Day Program in 1956 we have had little difficulty in finding things for members to do. Meals must be prepared, our House must be kept clean and a wide variety of office clerical functions must be performed. These three major activity areas relate directly to the operation of the clubhouse, a facility which the member quite correctly does not view as "the Agency" but rather as a Club in which he is one of the members and where his membership, by the way, does not terminate at the end of a predetermined time period, or sequence of events. This latter point is mentioned to help clarify the understanding of how a member views his relationship to Fountain House as well as the kinds of influences which we regard as helpful in strengthening the individual's ego function.

Visitors to Fountain House are immediately exposed to the activities of the Day Program. The process begins at the front door where everyone is received and greeted by one of the members in the Reception Group. This group of members assumes responsibility for conducting tours through the building as well as a variety of reception and intake functions such as telephone inquiries, welcoming new members, recording of attendance, greeting of visitors, and home visits to members becoming isolated from the setting. They are also active participants in various phases of our intake program for new members which includes, by the way, extensive use of group discussions and audio-visual material.

Elsewhere in our six-floor clubhouse, other clusters of member activities are carried on. Over 250 lunches must be prepared each day, involving the purchase of food, planning of the menu, preparation and service, followed by cleaning up and maintaining of the kitchen and dining room areas. Some 40 members assume responsibility for this important activity. Obviously 250 lunches cannot be handled by one or two staff workers. Therefore, the daily lunch is the result of the participation of the members of the Kitchen-Dining Room group. Complaints about the lunch are thus registered directly with the members in the Dining Room. The daily lunch costs only 30¢, by the way.

As food is an important activity area at Fountain House, we also operate a Snack Bar on the top floor of Fountain House which is open during the morning and afternoon hours. Here again, members with the help of a staff worker assume responsibility for the operation of this activity. One can get a cup of coffee for 5¢ with all other items sold at cost. As in the Dining Room, table service is provided and both areas are utilized equally by members and staff.

Well over 50 members assume responsibility for our office-clerical activities. Our Switchboard, for example, is manned by the members. We did not want to segregate out this activity as one which should be performed by a staff worker. As much as possible we wanted "one" environment at Fountain House in which members and staff together would share in both the responsibility for an activity and its performance.

As a great deal of typing and clerical work must be performed at Fountain House, including the operation of various kinds of office machines such as duplicating and data processing equipment, we utilize such activities as further opportunities for the men and women in our Day Program. Even secretarial staff, by the way, do not perform their work in isolation from the members. All employees at Fountain House are part of the rehabilitation environment and members are directly related to the activities of such staff. In the planning of our new building, we had to be careful that we did not "design out" this principle by having certain work areas too small to accommodate the presence of members.

Needless to say, with over 300 members attending the Day Program and another 300 in the evening, considerable work has to be done each day to keep our House reasonably clean. Members and staff jointly assume this responsibility. In a particular area such as the Kitchen or Clerical Office, everyone assumes responsibility for the housekeeping of the area.

A tour through Fountain House -- and one does not have to make an appointment -- will find members and staff performing other kinds of activities such as in the women's sewing area and Beauty Parlor, the Fund Raising Office, the Library and Music room, the area devoted to our transitional employment program, the Membership Office and our Thrift Shop operated on Ninth Avenue just around the corner from Fountain House. Members also are active in our Education and Research Center located in a recently acquired brownstone immediately adjoining Fountain House.

In all of these activities members and staff work together. There is a wide variety of opportunities for the individual member ranging from minimal participation to full-time, highly responsible roles. We think in terms of utilizing these roles as the basis for our relationship to the individual member, as is characteristically done in the relationship patterns of individuals in the community at large. At Fountain House we see a great deal of mobility in the performance of these roles but are careful not to over-involve a member on a role level which we believe exceeds his capacity or is premature in terms of his relationship to Fountain House and his ability to perform.

Limited by time, we would like to generalize by saying that our relationship to the member grows out of his participation in the setting. When we look at the ways in which we relate to each other -- the praise, the arguments, the disappointments, the hopes, the rewards, the pressures -- such aspects of relationship are developed within the context of the shared activities which we have briefly described, much as they occur in the shared activities of the general community. We are trying to approximate the model which we believe exists in the community at large and which plays a crucial role in everyone's life.

Clearly, a member feels rejected, isolated or alienated from the community at large. In our view, he is unable to conduct himself in a way which will enable him to secure active participation, thus acceptance, in the community at large. His sense of rejection is due less, we believe, to an inappropriate attitude on the part of the community and more to his inability to perform a role which will provide him with effective participation in the community. His performance or ego functioning, therefore, has not only been impaired by his illness, but is further weakened by his non-participation. At Fountain House we have endeavored to create an environment within the community where this process of "non-participation" can be reversed and, in this way, eliminate the impairment which appears to us to be the result of his isolation and non-membership in the social community at large. This point of view not only underlies the organization of our Day Program, which we have briefly described, but is a major premise in the structuring of other primary services of Fountain House.

Transitional Employment Program

For example, since 1957 Fountain House has vigorously pursued the participation of commerce and industry in the rehabilitation services of our agency. We believe that private enterprise represents a significant and untapped resource in the rehabilitation of the vocationally disabled and, with certain modifications, this resource can greatly facilitate the return of the handicapped person to independent, gainful employment in the community. Many of our members in the Day Program are able to move on into jobs of their own in the community without any special assistance. Many others, however, even though they achieve a high level of adjustment in the Day Program, are unable to make the transition from the Fountain House Day Program to a job of their own. One can speculate as to the many factors responsible for this difficulty, including long periods of unemployment, multiple hospitalizations, comfort and dependence within the Fountain House environment, fear of authority and lack of confidence, or a fear of rejection by employers. It was essential for us to extend the Fountain House environment into the area of private employment. A link was required through which our members could discover that their newly found vocational strengths were indeed real, and that they could perform productive work in commerce and industry as others do, meeting the normal expectations of employers and receiving the standard wage.

Individual Placements

Presently over 40 employers in the community make it possible for over 150 Fountain House members to spend part of their day away from Fountain House, working at a job which the employer has reserved for the use of Fountain House as an integral aspect of our rehabilitation program. The annual income to our members for these jobs totals over $300,000 a year. If the job is for eight hours a day, it is usually divided between two members, each of whom works a four hour shift. A member may remain on the job for a three or four months' period, the job then becoming available for use by another Fountain House member. Our members receive normal wages, ranging from $1.65 to $2.25 an hour. When a new job placement is secured from an employer, it is our practice to have a staff worker spend a few hours or even a day or two working on the job in order to accurately determine the requirements and expectations of the employer which must be met by the member if he is to handle the job successfully. A member is introduced to the job placement either by the staff worker or by the member who is completing a successful placement and is going on to a job of his own, or perhaps to another placement with a different employer. Of special importance is the immediate accessibility of a placement to our staff when a member is having a difficult time in performing a job placement. Job placements include, among others, messengers, typists, clerical workers, dish washers, porters, duplicating machine operators, stock and file clerks.

Group Placements

In 1963, Fountain House initiated a needed variation in its transitional employment program. Many of our members requiring transitional employment were not able to work on a placement by themselves, separated from staff and members. Again, such members were productive within the Fountain House environment, getting along well with others and assuming responsibility on a consistent basis within our setting. Yet such members could not make the transition from our setting to a transitional placement where they would be required to work by themselves. Our response to this problem was to create a group placement where such members could perform a job in industry in the presence of other Fountain House members, but away from the agency. At the present time, we have established four such group placements, which include factory assembly work, two cafeteria and restaurant settings, and warehouse of a national merchandising concern. In each of these settings from 6 to 10 members work together as a group with Fountain House having the responsibility for the selection of members assigned to each group placement.

Of special interest is the variation in the supervision pattern which we have been permitted to create. In one group placement supervision of the group is performed by an employee of the firm who was formerly a Fountain House member and who worked on the placement as a member before being hired by the firm to perform the supervision of the group. A second variation exists where the group supervision is performed by a Fountain House staff worker, the firm paying the wage which they would normally pay if their own supervisor was being utilized. A third variation is where the supervision is performed by a regular employee of the firm. In this instance, the supervisor attends Fountain House once a week in the evening for group conferences with members and Fountain House staff. We endeavor to utilize such supervisory personnel in industry as participants in our mental health work and a special training program has been created for which a small stipend is available.

Traditionally Fountain House has concerned itself with the ways in which the community can become active participants in our setting. Work opportunities for our members in industry represent a significant resource, as does the various personnel in industry who have, in our view, a substantial contribution to make in the rehabilitation of the vocationally disabled. There has been a consistent growth in the transitional employment program of Fountain House, both individual and group, which demonstrates, we believe, the willingness and capacity of private enterprise to become active participants, as well as the capacity of the members served by the project to meet the standards of the employer in the operation of the business. No subsidies are ever given to the employer in meeting the wages of our members on placement.

Regular Jobs

As would be anticipated, with over 300 men and women active in the Day Program, of which almost one-half are on transitional employment, a large number of members reach the stage where they require regular employment in the community. Since January 1st of this year, through a grant from the New York State Division of Vocational Rehabilitation, we were able to secure a staff worker whose full-time efforts are devoted to helping our members secure independent employment in the community. During the past eight-month period, over 100 members have been placed on jobs of their own and a systematic follow-up is being maintained for evaluation purposes.

Apartment Program

A further link to the community, but on a different dimension, concerns the residential needs of our members. Our approach does not consist of a traditional residence in which fifteen or so members live together, with the understanding that the setting is "transitional" or "half-way," and they therefore must still move on into the community. We have followed another alternative. Some 25 apartments have been rented by Fountain House in various neighborhoods in New York City in which two members may pool their resources, live together, and assume responsibility for the care of the apartment. We have been able to secure, from the public, most of the furnishings necessary for their apartments, and I might add that in most instances, the members themselves are able to assume most of the rental costs.

Fountain House apartments are in the community. Thus, so are the members. Aside from the technicality of who holds the lease, the apartments belong to the members who reside in them. They do not have to move on. They are already there. We gladly turn leases over to the residents or we help them seek similar apartments of their own elsewhere.

As one would imagine, most of our members do not feel able to secure a lease of their own when they first leave the hospital and come to Fountain House. Also, not many landlords would be willing to give our members a lease in view of their clinical adjustment and lack of vocational history and references. We would like to add that the apartments can accommodate patients from the hospital on an over-night basis, especially those patients who have no home to return to, and where a link with the community is needed to help the patient begin the gradual process of leaving the hospital and relating to the community.

Education and Research

As is characteristic of many rehabilitation agencies, the functions of education and of research are carried on, in addition to our primary responsibility of rehabilitation services. Our agency serves as a setting for field placements in vocational rehabilitation, social work, psychiatric nursing and community psychiatry. Also, we devote a great deal of attention to the many professional visitors we receive from other settings, as well as staff exchange and longer term visits which are arranged to permit more thorough observation of the programs of Fountain House. Visitors also include the public at large who have a special interest or responsibility in the mental health field.

Recently we were most fortunate in securing a brownstone building immediately adjoining our new clubhouse which will be devoted to our education and research functions. It is known as the van Ameringen Center for Education and Research, in memory of our last President, Arnold van Ameringen, who was responsible for the growth of Fountain House in recent years and also for our new clubhouse facilities and its expanded services. The van Ameringen Center will include our various educational programs, with special emphasis upon audio-visual materials in which our members play a predominant role, as well as our research activities which to date have consisted largely of two rather extensive controlled research studies, financed by grants from the National Institute of Mental Health and the Social & Rehabilitation Service.

Summary

Looking back through the years since our establishment in 1948, we believe that our major concern at Fountain House has been to create a social and vocational environment within the community in which the disabled individual can, on the basis of his strengths and capacities, not his disability, achieve participation. It is a matter of membership, in his own right, in a way which is personal and reflective of his strengths and capacities. Such participation, and our subsequent relationships to the individual, in our view, provides an atmosphere for growth, for maximizing the ego strengths of the individual so that his disability and residual of illness are less disabling.

Fountain House was initially organized by psychiatric patients on a ward of a state mental hospital. Their central idea was to help one another in overcoming the many difficulties one must face in moving from the hospital to the community. They formed a club and they named it W.A.N.A. (We Are Not Alone). The tradition of mutual and self-help has remained at Fountain House through the past twenty years. The individual is a member of a club and the activities of the club are those which the membership itself makes possible. From the steps of the public library at Fifth Avenue and 42nd Street, where the members held their first meetings through the mid-40's, to the securing in 1948 of our original clubhouse on West 47th Street, and more recently to our lovely new home completed in 1966, the focus of our setting has been very much in terms of "community." First, is the community of Fountain House itself, where membership in the club, the reality of belonging, of doing, is not lost or forfeited through the presence of illness. To the extent that the community at large is an inherent part of our environment and to the extent to which restorative influences occur within our setting, the members of Fountain House tend to "grow away" from the setting as they become more maturely involved in the larger community. There is a feeling of continuity of relationship between Fountain House and the membership regardless of the level of adjustment achieved.

In our experience, the staff which includes, by the way, former members of Fountain House, is not always perceived in the traditional, professional way. Similarly, the reality of Fountain House as a rehabilitation agency may not be felt by most members as the foremost, singular quality of their relationship to the setting. In brief, we view the process of illness as largely responsible for the individual's isolation and alienation from the social community and it is this illness which is responsible initially for bringing the individual to Fountain House. But it is the strengths and capacities of the individual which constitute his participation and validates his membership and belonging to the setting - not his illness. For many, the self-awareness at Fountain House of one's contribution and capabilities is the beginning of the discovery that one's worth is often more than sufficient to enable one to achieve reasonably full participation in the life of the community at large.

PRIVATE ENTERPRISE AND THE VOCATIONAL REHABILITATION OF THE PSYCHIATRIC PATIENT

Presented at a Training Institute
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"WORK ADJUSTMENT AND VOCATIONAL EVALUATIONAL SERVICES"

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Hyannis, Massachusetts
April 23rd, 1969

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May, 1969

PRIVATE ENTERPRISE AND THE VOCATIONAL REHABILITATION OF THE PSYCHIATRIC PATIENT

My responsibility this morning is to describe to you the transitional employment program of Fountain House. Since 1957, this program has made it possible for our men and women to have paid employment in commerce and industry, as a phase of their rehabilitation experience.

The details of transitional employment are not complicated. Some forty-one New York City business firms participate. Many of them are well-known companies such as Sears Roebuck and Newsweek Magazine. Others are relatively unknown, such as the printing firm of Seybert Nicholas, Midtown Stationers, and Hill Opticians. We have advertising firms like Benton & Bowles and Young & Rubicam, banks such as Manufacturers Hanover, Marine Midland, Franklin National, Chemical, and the Irving Trust Company. We have restaurant chains such as Chock Full O'Nuts and Nedicks. Each of these forty-one firms have designated one or more of their regular jobs as belonging to Fountain House, to be used by our agency to facilitate the vocational adjustment of the men and women who come to us for help.

Today, for example, as we meet here in Hyannis, 150 Fountain House members will go to work as a part of their rehabilitation. They will receive the regular rate of pay, ranging from $1.60 to $2.25 an hour. Over a period of a year, their earnings will exceed the sum of $300,000. Typically, a full-time job is divided into two half-time jobs, one in the morning and one in the afternoon. It is possible, however, for a member to work as little as an hour or so a week, if this is felt to be in his best interest. The hiring of the individual to work on a placement rests with Fountain House. We often fill out the employment forms in our clubhouse. None of the jobs require special skills or long periods of training. Our members work as messengers, stock clerks, porters and typists. They work behind lunch counters, run Xerox machines, and perform simple assembly work in factories. In most of our placements, the member is surrounded by regular employees of the firm. This program, known as "individual placements," serves over a hundred of our members each day. It is also possible, however, for members to perform their work in a group situation, where all individuals in the group are Fountain House members. Five of our employers provide such "group placements," serving about fifty of our members each day.

The word "transitional" means that the member does not remain on an individual or group placement for longer than three or four months. If he does not move on to a job of his own, he may well go on to a second or third placement or come back to our pre-vocational day program at Fountain House on a full-time basis. Almost all of our placements operate on a year-round basis. There are a few, however, which require the help of our members for only a few days each month. These placements are helpful for those members who need an initial but short-term exposure to a work situation.

I think it would be helpful if I spoke briefly as to the origins of our transitional employment program at Fountain House. In Detroit, Michigan, there is an unusual chain of supermarkets. This firm, known as Wrigley's, was willing to permit me, as a young social worker, to bring a chronic mental patient from the back wards of a county mental hospital into one of their stores for a few hours a week, and to work with him opening cartons, pricing stock, and putting it on the shelves. And they were willing to pay the patient for his hours of work. As in other hospitals at that time, there was a growing interest in finding ways to return the custodial patient to the community and, where possible, to utilize the community more actively in the treatment process. This early experience became relevant at Fountain House in 1957 when so many of our members came into Fountain House each day, handling themselves in a productive manner, yet were unable to move on to jobs of their own. We felt the business community would be responsive to a cooperative effort to help restore our people to gainful employment and independent living. We felt that private enterprise could serve as a link, or stepping stone, from Fountain House to regular employment.

In 1958 we reached out to the business community to create a way through which private enterprise could participate with us in the vocational rehabilitation of our men and women. We knocked on doors and we presented our proposal. We did not expect to be successful with every employer. This would be unrealistic. A salesman, for example, who has a product he believes in is certainly not successful with every client he approaches. We were seeking an opportunity and this is what we asked for.

We did not ask for the lowering of job standards. We wanted the same rate of pay. We asked that our staff worker be able to perform the job first, before one of our members would be placed on the job. We wanted jobs which would not require special knowledge or training. We wanted jobs where there was a natural turnover, so that the "transitional" feature of our program would not be a burden to the employer. We did not propose any subsidy to the employer, as we believed that our members, although ill and vocationally disabled in terms of their past, could still perform productive work and could meet the standards of the employer.

Our first employer was a small printing firm in New York City. We wanted the messenger job. After some months, the owner, Mr. Nicholas, called us and said he was in trouble, that his 17-year old high school student had suddenly quit and that packages needed to be delivered. Were we interested? Indeed we were, and we responded immediately. We sent our Ph.D. psychologist down to this firm and for some five hours, he delivered packages by foot, by pushcart, and by subway to various points in the city. He came back tired and exhausted, and convinced that this could be a good placement. The other employees, in his judgment, were good people and if some standard could be set as to how heavy the packages could be before taking a taxi to deliver them, he was all in favor of the project. The next day, our first member went on the job, and our psychologist went with him.

Our Transitional Employment Program was initiated. Over the next few years, other employers provided placements to our members and by 1964, a dozen employers were active, providing work opportunities for some twenty Fountain House members. The nucleus of our program had been formed. It was a small program, one which involved only a few Fountain House members. But it was a demonstration that a small segment at least of the business community could become active partners in the rehabilitation of the vocationally disabled. We therefore sought the opportunity to determine if large scale involvement could be secured and we were most fortunate to receive in 1964 the needed assistance from the Social & Rehabilitation Service. With their help, our program underwent substantial development, growing to its present level of some forty-one employers, providing individual and group placements to over 150 members of Fountain House at any one time, with earnings exceeding $300,000 a year.

Employers were helpful in securing new employers. Members of our Board of Directors opened doors for us, so that we could make our presentation to heads of departments, managers and personnel directors. We also approached new firms ourselves, and publicity played a part, as did salesmen who knew of our work and who told their customers about our program. Even employed members of Fountain House were helpful, telling their firms of our work. In brief, we did not find private enterprise to be resistant to the proposal that they join with us in the effort to return people to gainful employment.

In reaching out to commerce and industry, we met with what we regard as a fair share of success. In our experience, sufficient response was present in the community, once we reached out and sought it. Opportunity was extended to us and the necessary modifications were agreed to, with respect to length of employment, the access of our staff to the work environment, and the payment of prevailing wages. Our employers, by the way, speak openly of certain advantages which have accrued to them through this program. For example, we know our members extremely well, far better than the employer usually does with respect to new employees. Also we are no farther away than the telephone, in the event of difficulties and our accessibility has had the side advantage of being helpful to the employer with mental health problems of regular employees which may be of concern to him.

The assistance we received from our demonstration research grant had a double effect. We greatly expanded the number of participating employers and we were also able to initiate "group placements" in industry whereby members could work on a job in the presence of other Fountain House members. This variation in transitional employment was in response to the fact that certain Fountain House members seemed unable to take on an individual placement, yet were functioning productively within our setting. In our view, they had the capacity to perform in industry and to meet required standards. We thought our members could work successfully in industry if they could work together as a group. They would be in contact with each other during working hours and a staff worker from Fountain House could also be present with them on the job. Such were the conditions of our members working together at Fountain House, whether it be in the thrift shop, the kitchen, the clerical office or in our research program. We believed that the staff worker who worked with members in these various areas might also be able to function professionally if he spent part of his time in commerce and industry relating to his members while they performed their work task. We sought the opportunity and our first group placement was at a carwash located in lower Manhattan. For a period of six months, our staff related to this group placement, as did a dozen Fountain House members. To work together as a group was important to them. They regarded it as an extension of Fountain House. Everything seemed the same except for the location, their work tasks, and the presence of a weekly paycheck. Due to factors beyond the control of either the employer or ourselves - a severe water shortage in New York City - it was necessary for us to withdraw from this setting. The public's hesitancy to have their cars washed required us to seek work elsewhere and we secured a group placement on an assembly line of the Ideal Toy Company, located in Queens, about an hour's distance from our clubhouse. As in the carwash, a Fountain House staff worker was on duty at all times. Some eight to ten members worked on this assembly operation. It was gratifying to both members and staff when it was demonstrated that our group was able to meet standards. They even surpassed production quotas. It's worthy to mention, I believe, the attitude of employees performing similar assembly work when one of them said "You must be crazy to work that hard!"

Many members whose behavior at Fountain House was hallucinatory, catatonic, or in other ways symptomatic of their illness, were able, when on the job, to perform in a highly productive manner. As this placement operated from 6:00 p.m. to midnight, it was useful for individuals who had difficulty getting up in the morning. However, even though this placement was well suited to the needs of Fountain House, public transportation was extremely difficult and we also felt that the greatest need of our members was for a group placement operating during normal workday hours.

So out of these initial efforts, our present group placement program has emerged, operating in four different business firms. In a large new office building in the Wall Street area, some fifteen of our members work together for the Canteen Corporation which manages a large cafeteria. Through the Lincoln Tunnel in New Jersey, our members work as a group in the fashion distribution center of Sears Roebuck & Company. In West New York, New Jersey we have a group of members working in the Arrow Manufacturing Company, performing an assembly operation. And on Seventh Avenue, in the midtown area of Manhattan, our members and staff have assumed complete responsibility for the operation of a Chock Full O'Nuts store, a counter restaurant serving thousands of customers during the business day. Our operation at Chock Full is of special interest to us in that we have assumed full responsibility for the day-to-day management of the store.

The manager is a regular member of our staff and we receive, by the way, payment from the store for managerial services. On an annual basis, the store normally spends in excess of $50,000 for its regular employees and this is thus available to Fountain House members who fill job positions in the store. At the present time, all positions are filled by our members, with the exception of two employees who have been with the store for a number of years and are not only interested in our project but are helpful in maintaining the kind of work atmosphere we think is desirable. The store, by the way, is obviously open to the public and this means you can visit there any time and observe first-hand our operation.

Our members work behind the counter serving customers. They operate the equipment, and in brief, perform all employee responsibilities, as well as maintain proper standards of cleanliness. We relate the Chock Full store closely to our snack bar on the fifth floor of Fountain House, because of the similarity of tasks. Most visitors to the store are not aware of the fact that it is related to the rehabilitation efforts of Fountain House.

In our supervisory work at Chock, we have found that the major variable is not the staff worker's professional training but rather his individual interest in utilizing himself professionally in a non-traditional environment. I would also add, at this stage of our development, that professionally trained staff have, as a group, done no better or worse than untrained but skilled staff workers who have assumed identical responsibilities for our group placements. As to our staff, we believe it is desirable to have individuals with various professional backgrounds, including individuals who have been members of Fountain House and who, in our judgment, have a capacity to contribute to our programs.

As with all placements, it is possible for staff to visit the group placement, to expose a member to the placement or to work with a member while he is on placement. Members who work in the Snack Bar of Fountain House are aware of the opportunity for them to work at the Chock Full placement. They may, however, work on other placements if they prefer. It has been helpful in transitional employment to maintain a slight surplus of work opportunities, rather than the reverse. Most of the time, there is a need for us to reach out to our members to fill vacancies and there is seldom a waiting line for these openings. I think it is fair to state that this is disquieting at times to staff, even though they regard the principle as correct.

On all of our group placements, Fountain House members have played a key role in the supervision of members on placement. Out at Sears, for example, the young woman who supervises our members is not only a regular, full-time employee of Sears but is also a Fountain House member. She is a young lady who had never been employed before coming to Fountain House and who had been hospitalized three times prior to the age of 20. As a Fountain House member, she went on a placement at Sears and did well. Her identification with Fountain House, with its methods and procedures, and her good performance on the job led the personnel manager to select her as a regular full-time employee, with the specific responsibility to supervise our members on group placement. We think this is a good example of the potential which many "patients" have to perform a constructive mental health role, in addition to fulfilling their own individual lives.

Another member of Fountain House works as a supervisor of our members on placement in the cafeteria of the Canteen Corporation, which serves thousands of people each day. We run the dish-washing operation which involves some twenty of our members. The supervisor may well become a permanent employee of the Canteen Corporation. She may also join the staff of Fountain House, spending part of her time at Fountain House preparing members for placement, in addition to supervising our members on placement. In this case, our agency would be paid for providing on-the-job supervision.

Members on placement, both individual and group, speak freely of the ways in which they find their work experiences helpful. They have a job to go to, in a normal place of business, and they receive the regular rate of pay. They are expected to meet the same standards as other employees. They can work for a few hours a week and can move up to full time if desired. The temporary nature of the job is important to our members as it does not require a long-term or permanent commitment. One does not have to overcome the hurdle of a job interview. A history of mental illness cannot prevent the opportunity to work, nor does it have to be explained. In many ways, the job placement is an extension or a part of Fountain House, and the member is more willing to experience the work environment. The fear of job failure is reduced in that we emphasize the importance of trying, of acquiring first-hand experience as to one's reactions and performance. There is a positive reaction to failure when one has tried. A return to the day program of Fountain House, or assignment to another placement is routine in many instances, and does not usually result in feelings of failure and alienation. Where a placement is successfully completed, the member has a current job reference which is of vital importance to him in securing a job of his own. Earning money of one's own is, of course, of prime importance. Yet earning an income can also be threatening. Financial dependence on welfare or family provides a degree of security which is not easily replaced by the insecurity of being self-sufficient.

Over a period of a year, some 500 members receive work experiences through transitional employment. Over half of these men and women successfully complete their placement and look forward to full-time employment. With the growth of our program, we have had to concern ourselves with providing assistance in helping such members obtain jobs of their own. We were fortunate in receiving an expansion grant through the New York State Division of Vocational Rehabilitation which enabled us to assign a staff worker on a full-time basis to members seeking regular employment. In 1968, for example, our employment worker placed over 160 members on jobs of their own, working closely with the New York State Employment Service. A second placement worker is now needed to accommodate the increasing numbers of members completing placements. Our objective is to maintain, without interruption, the pattern of employment for our members. Ideally, we like to see a member complete his placement on a Friday and go to a job of his own on the following Monday.

We view transitional employment as a dimension of the Fountain House environment and not as an entity unto itself, functioning in a separate and isolated manner. It is necessary, therefore, that I review briefly the multiple activities which go on each day in our clubhouse as well as elsewhere in the community, such as in our apartment program and our thrift shop located around the corner from Fountain House on Ninth Avenue.

If you visit Fountain House and go through our building, you will see the varied ways in which our members participate in the daily activities of the club. You may be impressed, as we are, with the fact that men and women with a history of social and vocational disability are willing to assume a wide variety of responsibilities in the operation of our club. For example, they greet all newcomers and visitors at the front door and take them on tours. They manage the switchboard, handling all incoming and outgoing calls. They run the popular snack bar on the fifth floor, preparing hamburgers, bacon and eggs, and serving coffee, donuts, pie or cake. They do all the shopping and operate it at cost. They keep the equipment clean and the floors polished. In the clerical office, they run the mimeograph machine, cut stencils, help prepare mailings and turn out a daily newspaper and monthly magazine. They operate our thrift shop, making pickups from individuals in the community and from department stores who give us their salvage. They perform all the clerical work with respect to inventory and thank you letters. They help with the pricing and they serve the customers, run the cash register, keep the daily cash records, and they maintain the store and keep it attractive.

Downstairs in our dining room, they run a large-scale luncheon program, going to the A & P every morning with their pushcarts to select the food. Over 200 lunches are served each day and our members provide table service. They also operate our beauty parlor, oversee activities in our music room and in the library. They make visits to the hospitals and to the homebound. They are willing to give talks in the community and go out in our apartment truck to help decorate and maintain our twenty-five apartments. They perform a variety of tasks in our research and in our educational programs. And they are excited about preparing audio-visual materials with respect to their experiences at Fountain House.

It is beyond the scope of this paper to refer in detail to the ways in which we believe our day program and other services contribute to the recovery process, other than to say that, in all of our activities at Fountain House, members and staff work together, side by side. There is a variety of opportunities for the members including highly responsible roles. We endeavor to involve the member on a level which is of interest to him and which will utilize his skills. Interaction patterns between staff and members typically relate to the reality of the member's participation. What goes on between people such as praise, arguments, disappointments, hopes, rewards and expectations - such qualities of human relations are developed at Fountain House within the concept of shared activities. We have endeavored to create an environment in which the member can participate, in contrast to his roles in the community at large where he so often feels isolated and out of step. At Fountain House he can secure membership and in his own right. Symptomatic behavior, which so often results in his "non-participation" in the community, is not an isolative influence so far as his involvement at Fountain House is concerned. He is exposed to various opportunities in the day program. He learns of our evening program, of transitional employment and of our apartment program. With reference to the latter, I would like to quickly state that we are trying to respond to the residential needs of our members by making available to them some twenty-five apartments which we have leased in various neighborhoods of

New York City. Some of these apartments serve patients who remain in the hospital because they have no home to return to. The apartments also serve those who live in sub-standard housing or with families which are unable to contribute to their community admustment. We furnish the apartments ourselves, through contributions to our thrift shop, and a group of members in our day program keep very busy helping to decorate and keep the apartments in reasonably good shape with a specially-equipped service truck.

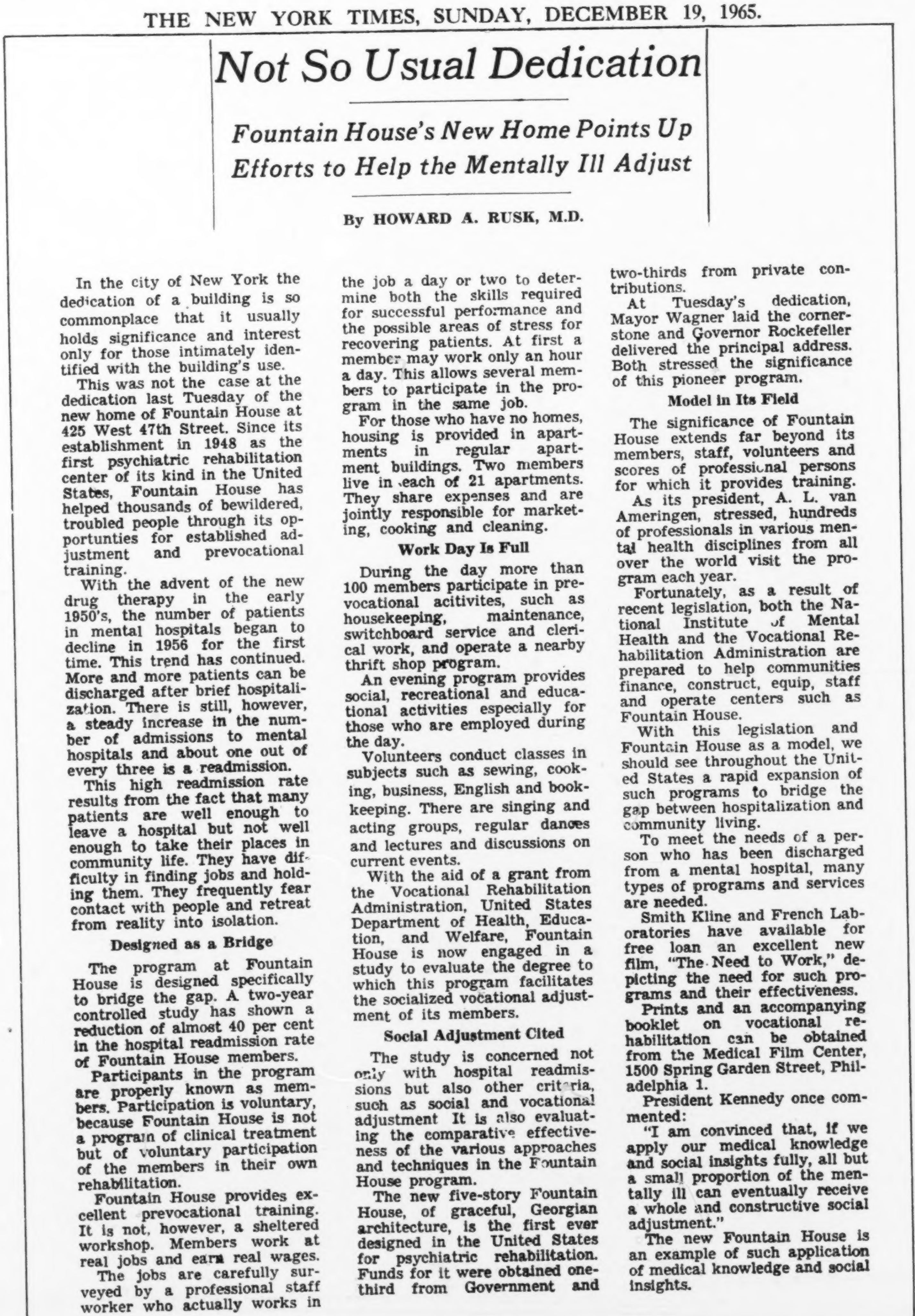
In summary, our efforts have been to create an environment which can utilize the strengths and capacities of individuals who, from a social and vocational standpoint, have achieved only a marginal adjustment in the community. Through the years, we have maintained at Fountain House a policy of permanent membership. A member can easily re-enter the program regardless of the length of separation. We find this helpful at a time of crisis, where the member's return may be of extremely short duration. And it is always rewarding to have members drop by to say hello, to report good news or other events in their lives. Inevitably, this policy of permanent membership raises the question of "dependency." I would like to make only a few comments on this issue. We are trying to provide an environment which will enable individuals to "grow away" from Fountain House because of increased ego functioning. We do not believe that "termination" accomplishes this. There are present at Fountain House individuals whose community adjustment can be described as chronic and who have been active in our setting for a number of years. We believe that many such members play an important role in our environment, so far as others are concerned and also to themselves. Furthermore, we must maintain the opportunity to continually find ways to be of assistance to severely disabled individuals, and we believe that communities across the nation must maintain an environment or procedure within the community which will accommodate such individuals who are unable to assume more normal social and vocational roles. In truth, we have a far greater problem with respect to individuals who come to our center but a few times and never return. This group is far larger and far more serious than those who express their dependency by remaining with us.

In the time remaining, I would like to quickly refer to the following points. First, we have a responsibility to communicate to our members, year after year, the opportunities available to them through our setting. To assist in this responsibility, we have developed various audio-visual materials, so that we do not have to rely solely upon verbal communications between staff and members or announcements on the bulletin board. Such materials, for example, are the comments of employers concerning their attitudes towards members on placement. The low esteem which so many of our members have concerning themselves can be modified when they hear the positive and affirmative views expressed by our employers concerning their work behavior. We also have prepared a presentation of the comments of members concerning their placements. Such remarks are useful in informing other members of the availability of the placements, as well as important details concerning the work which is performed. All of this material is available to others, by the way, and it might be helpful, for example, to use the comments of our employers in an effort to secure the interest of employers in your own community if you were to initiate a similar program.

A second point concerns our responsibility when a member has completed transitional employment and is on a job of his own. This is an important accomplishment, one which we do not wish to minimize, but we must recognize that the typical earnings of most such members are only slightly more than what they have been receiving through public welfare or from their families. We must therefore continue our efforts to develop programs which can enable such individuals to achieve more fully their maximum potential for community adjustment. Our growing relationship with the New York State Division of Vocational Rehabilitation is extremely pertinent in this regard.

A third consideration concerns the complicated problem of evaluation. To what extent, for example, do the services of Fountain House and specifically transitional employment, contribute to the overcoming of vocational disability? Our enthusiasm cannot be a substitute for demonstrated results. In our view, the issue is primarily one of developing a variety of services for the vocationally disabled, new resources, if you will, so that through evaluation we may be able to single out or construct more effective services. Transitional employment is not a preferred alternative to the model of a sheltered workshop. It represents, we think, a significant dimension or resource within the community,not only in New York City but throughout our nation. We look forward at Fountain House to the opportunity for evaluating more carefully the role which private enterprise can perform in strengthening the vocational adjustment of the psychiatric patient.

At this point, I would like to extend a cordial invitation to each of you to visit Fountain House whenever you are in New York City. Our clubhouse is open seven days a week and visitors are always welcomed. If you come, and I hope you will, one of our members will take you on a tour of the facility, and, while more specialized information will be provided by staff, I think you will find that our members will give you a great deal of information concerning any special area of interest you may have. This invitation also applies, of course, to visit one of our most important transitional placements, the one I have had the pleasure of describing to you and which is very accessible to the public -- the Chock Full O'Nuts store on Seventh Avenue between 27th and 28th Streets, a short distance from the Times Square area.



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Not So Usual Dedication

Fountain House's New Home Points Up Efforts to Help the Mentally Ill Adjust

By **HOWARD A. RUSK, M.D.**

In the city of New York the dedication of a building is so commonplace that it usually holds significance and interest only for those intimately identified with the building's use.

This was not the case at the dedication last Tuesday of the new home of Fountain House at 425 West 47th Street. Since its establishment in 1948 as the first psychiatric rehabilitation center of its kind in the United States, Fountain House has helped thousands of bewildered, troubled people through its opportunties for established adjustment and prevocational training.

With the advent of the new drug therapy in the early 1950's, the number of patients in mental hospitals began to decline in 1956 for the first time. This trend has continued. More and more patients can be discharged after brief hospitalization. There is still, however, a steady increase in the number of admissions to mental hospitals and about one out of every three is a readmission.

This high readmission rate results from the fact that many patients are well enough to leave a hospital but not well enough to take their places in community life. They have difficulty in finding jobs and holding them. They frequently fear contact with people and retreat from reality into isolation.

Designed as a Bridge

The program at Fountain House is designed specifically to bridge the gap. A two-year controlled study has shown a reduction of almost 40 per cent in the hospital readmission rate of Fountain House members.

Participants in the program are properly known as members. Participation is voluntary, because Fountain House is not a program of clinical treatment but of voluntary participation of the members in their own rehabilitation.

Fountain House provides excellent prevocational training. It is not, however, a sheltered workshop. Members work at real jobs and earn real wages.

The jobs are carefully surveyed by a professional staff worker who actually works in the job a day or two to determine both the skills required for successful performance and the possible areas of stress for recovering patients. At first a member may work only an hour a day. This allows several members to participate in the program in the same job.

For those who have no homes, housing is provided in apartments in regular apartment buildings. Two members live in each of 21 apartments. They share expenses and are jointly responsible for marketing, cooking and cleaning.

Work Day Is Full

During the day more than 100 members participate in prevocational acitivites, such as housekeeping, maintenance, switchboard service and clerical work, and operate a nearby thrift shop program.

An evening program provides social, recreational and educational activities especially for those who are employed during the day.

Volunteers conduct classes in subjects such as sewing, cooking, business, English and bookkeeping. There are singing and acting groups, regular dances and lectures and discussions on current events.

With the aid of a grant from the Vocational Rehabilitation Administration, United States Department of Health, Education, and Welfare, Fountain House is now engaged in a study to evaluate the degree to which this program facilitates the socialized vocational adjustment of its members.

Social Adjustment Cited

The study is concerned not only with hospital readmissions but also other criteria, such as social and vocational adjustment It is also evaluating the comparative effectiveness of the various approaches and techniques in the Fountain House program.

The new five-story Fountain House, of graceful, Georgian architecture, is the first ever designed in the United States for psychiatric rehabilitation. Funds for it were obtained one-third from Government and two-thirds from private contributions.

At Tuesday's dedication, Mayor Wagner laid the cornerstone and Governor Rockefeller delivered the principal address. Both stressed the significance of this pioneer program.

Model in Its Field

The significance of Fountain House extends far beyond its members, staff, volunteers and scores of professional persons for which it provides training.

As its president, A. L. van Ameringen, stressed, hundreds of professionals in various mental health disciplines from all over the world visit the program each year.

Fortunately, as a result of recent legislation, both the National Institute of Mental Health and the Vocational Rehabilitation Administration are prepared to help communities finance, construct, equip, staff and operate centers such as Fountain House.

With this legislation and Fountain House as a model, we should see throughout the United States a rapid expansion of such programs to bridge the gap between hospitalization and community living.

To meet the needs of a person who has been discharged from a mental hospital, many types of programs and services are needed.

Smith Kline and French Laboratories have available for free loan an excellent new film, "The Need to Work," depicting the need for such programs and their effectiveness.

Prints and an accompanying booklet on vocational rehabilitation can be obtained from the Medical Film Center, 1500 Spring Garden Street, Philadelphia 1.

President Kennedy once commented:

"I am convinced that, if we apply our medical knowledge and social insights fully, all but a small proportion of the mentally ill can eventually receive a whole and constructive social adjustment."

The new Fountain House is an example of such application of medical knowledge and social insights.

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Mental Rehabilitation

Fountain House on 47th St. Is Mecca To Many Former Patients in the State

By HOWARD A. RUSK, M.D.

Mecca to many former mental patients in the New York area is a graceful new Georgian style five-story building at 425 West 47th Street. Every day of the week three to four mental patients come to this building, the headquarters of Fountain House, which was established in 1948 as the first psychiatric rehabilitation center of its kind in the United States.

Seventy-five per cent of those seeking help at Fountain House come from state hospitals and almost half come within four months following their release from the hospital.

Three out of four have a diagnosis of schizophrenia and most have undergone frequent and long hospitalization. About one-third have been hospitalized over three times. They are patients who, following hospital care, have become well enough to leave the hospital but not well enough to take their place in community life immediately.

Combination of Activities

They tend to be bewildered, distrustful and fearful of other people and have great difficulty in finding and holding jobs.

Fountain House is not a program for definitive psychiatric treatment, but a rehabilitation of social and recreational activities, work adjustment and job placement.

Participation is voluntary and participants are known not as patients but as members.

Each member helps to determine his own rate of participation. For each, it is a learning and relearning process with the major goal of social adjustment and working, living and getting along with others.

The eventual goal for most members is productive employment — a job of his own and a pay check — to be self-supporting rather than dependent on public assistance, Social Security disability or aid from the family.

Few members are able to start on the job immediately. For the beginner, his participation in the Fountain House day program is working alongside and with the staff. They help out in various activities in the club house such as house keeping, food service and clerical work. These activities are aimed at facilitating community adjustment and preparing the member for the next step in the community —employment.

When a member is ready, he is provided transitional employment, which includes on-the-job training, through provision of a working experience in commerce and industry at the regular salary scale paid by the employer.

In this transitional employment program, a member is permitted to work a number of hours each day of which he is capable, recognizing that the standards of the employer must be maintained.

Follows the Process

The member's hours are lengthened in accordance with his increased confidence and ability.

Usually after a few weeks or months, he is ready for placement elsewhere and his job is then assumed by another member who follows the same process.

The jobs in the transitional employment program are carefully surveyed by professional staff workers who actually work in the job a few days to determine both the skills required for successful performance and the possible areas of stress for recovering patients.

Staff workers can then provide the members with assistance when difficulty arises.

The member receives the regular rate of pay for placement. This ranges from $1.50 to $2 per hour.

The types of jobs for the most part are routine in nature. They are messenger work, filing, operating office machinery, performing general clerical work and the ticketing of clothing.

The objective is not to improve the technical skills or utilize his former working experience but rather to provide him with a real working situation as a part of his rehabilitation.

The real key to the success of this program is some 37 New York business concerns who provide transitional job opportunities. Among them are department stores, advertising agencies, banks, stock exchange firms, printers, publishers, food service organizations, manufacturers and a college. The participating employers have been gratified with the success achieved.

Transitional employment provides a member with the opportunity to explore and discover his work potential and capacities. He must find that he can get to his job each day on time, that he can do his work confidently, that he can get along with his supervisor and fellow employes. Receiving a regular wage for his work is a major factor in helping him break his dependency on family or the Department of Welfare.

Group Placement

Recently Fountain House initiated a group placement program in order to serve those members who for various reasons were not able to go out on an individual job placement.

Group placement consists of placing eight to ten Fountain House members as a group, thus providing each member with the security of working alongside another.

An example of a group placement is a Chock Full o'Nuts store in mid-Manhattan. Of the 20-some employes required to operate this store, more than 10 positions are reserved for the use by Fountain House as a group placement.

Some members may begin their group work with a little as one hour of work a day. Some work four hours a day, but some work a full eight-hour day.

A Fountain House staff worker is on duty at all times. This is the real secret of the success of the program.

Transitional employment represents an important variation of a "sheltered work shop."

A Fountain House member regards transitional employment as "real" as he is receiving actual wages for productive work in a regular place of employment among members of the community as a whole.

The professional staff, the more than 100 volunteers, and those who support Fountain House financially are to be commended for the enormous contribution they are making to the members that they serve and the participating employers. The program is a real breakthrough in one of the most difficult problems in community mental health.

Fountain House is serving as a demonstration to other communities in showing the value of transitional employment and the fact that former mental patients can be rehabilitated into employment and successful community living.

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96

TRANSCRIPT OF MEMBERS' COMMENTS CONCERNING THEIR EXPERIENCES ON TRANSITIONAL EMPLOYMENT

MEMBER 1

MEMBER: Many people who come out of a hospital who haven't worked, or who haven't worked for a while don't know where to begin and they are kind of shaky and nervous and don't have a lot of self confidence, you know. Some of them, well, I'll give you an example from my own case. When they told me to go on my placement, I didn't even know how to get to the bus or anything, that was a big problem to me, and the social workers led us there, you know, took us by the hand almost, for a couple of days until we got used to it. Well, that's one problem I had and that's why it was very helpful to have social workers show me the way and help me. I don't think I could have stuck it out as long as I have if I didn't have this Fountain House program. For my particular problem it was very helpful, very useful. When you get on the job situation and meet these people, you know, people who work there steadily, it gets to be a lot of fun to be with these people, and see that they accept you as one of them, you know, that you're fairly normal, you know. I get along very well where I work with the bosses and my co-workers and I look forward to it every day.

MEMBER 2

MEMBER: I am presently working at Sears and I find the money very helpful and I derive a certain amount of satisfaction out of performing the duties of my job. Well, it keeps me occupied and I stay out of trouble and, as I said, the money is very helpful. The job is a bit tiring but - ah - it's worthwhile. Well, I haven't held any real job for about, in the last three years since I've been ill. Well, there is a feeling of uselessness when I'm not working. Well, I am out of the hospital six months now and I was in and out of the hospital four times. It's not my line of work. I do secretarial work, but it's a job and it helps me to get back in the routine of working again.

MEMBER 3

MEMBER: Well, I learned a whole new operation - the operation at Chock Full O'Nuts cafeteria. When I first went to work there, I didn't know anything about the cafeteria business. I started part-time and have worked my way up to full-time. I helped set up the routine and I helped serve the customers, and it's an interesting experience. The bosses are pleasant to work for and the people are pleasant to associate with. I think people do benefit from its being in existence. It gives them a feeling of usefulness and it helps them to feel that they are accomplishing something, and it increases their own general knowledge

It's an honest day's labor for an honest day's pay. Helps you sleep nights.

QUESTION: How long have you been unemployed?

MEMBER: About ten months. I had a part-time job in the post office.

QUESTION: How long had you held the job?

MEMBER: Three months.

QUESTION: And before then?

MEMBER: Before then it was about two years.

MEMBER 4

MEMBER: I think it's interesting and it gets your life going. It gives you responsibility and also makes you feel different, makes you feel that you can face the outside world. And also makes you feel that you are important. Important to your people, important to your friends, because you are earning money. You're making your own penny, your own dollar bill, your own cent. And when you walk into the store, you feel, well, I can buy this and I can buy that, because it's your money, and it's a wonderful feeling. And I'm glad to be working. And you usually look forward not to remaining here because you don't give the other fellow a chance from the hospital to come out and see what he can do. It took a couple of years until somebody came over and said "Would you like to go to work? And do something, and make something out of your life?" And I said, "Yes. Would you teach me how?" And she said "Yes, I'll teach you how to collate." And I couldn't get it right away, because sometimes you don't get things right away, putting your mind that you can do something like you can write a letter, or write things that you want to buy and go shopping. You have to have a clear mind. When you have a clear mind, you sit down and you work, and I did. I proved that I can work.

Well, when you're not employed, you're nothing worth. You don't have any money. You have money, but it isn't yours. It's just to pay rent and you can't buy things you want to buy like you see a dress for $9 or $10. You say you can't buy that, so you have to buy less and you say, well, you will do without it, so you make the best of the clothes you have. Like the year before, you bought a skirt and you say, well, that skirt is good and I'll wear it. And I'm satisfied because I know that I look clean and neat and respectable.

QUESTION: How long were you in the hospital?

MEMBER: I must have been there for ten years in the hospital... (pause) because I had no place where to go.

MEMBER 5

MEMBER: I didn't know anything about Fountain House until I came out of Metropolitan Hospital, and when I came out, I joined up. I'm a member now and they gave me a job right away. It's really new to me and when I was in the hospital, I thought about money too, how I would like to help the family, to get a good job and make some money so I can help my mother and sister. I have been working at All-Rite Pen Company now two weeks. It's very nice. Got two pays already, and I also live in a Fountain House apartment.

QUESTION: You do?

MEMBER: Yes, and I work in the dining hall in the mornings downstairs.

QUESTION: Had you been out of work for long?

MEMBER: Not very long.

QUESTION: How long have you been out of work?

MEMBER: About a year.

MEMBER 6

MEMBER: I think it makes you forget a little bit of your emotional problems and your nerves and your worries. It gets you with people who are well instead of sitting here talking all day - "Oh, I've been sick for ten years, I've been sick for twenty years." This is discouraging. When you're working, you're with healthy people. You forget that you're not as healthy as they are. I mean, maybe once in a while you think of it, but on the majority, you don't. You're interested in what they're saying. You're trying to keep up with them in clothes and your appearance. Since I have been working, I'm setting my hair, showering, ironing, washing, cleaning the apartment. I'm functioning so much better, since I've been working, because I feel that I'm doing something.

I'm not capable enough to go home and stay alone while the children and my husband are out. I'm too nervous for that. I can't stay alone yet. I think I need employment for a while - until I'm stronger emotionally, nervously, and every other way, that I feel strength enough to be alone. Right now I feel I need the employment for therapy and to get me used to the outside world. And to also get me used to ...everybody has emotional problems and nerves and they're still functioning.

I've learned one thing that whether you are happy, unhappy, emotional, or whatever you are, you must continue to function because there is no other answer. If you just sit down and keep crying, you are never going to advance. You must function regardless of what and I think employment gives you this feeling of functioning. And wherever I work, I think I work harder than the person who isn't nervous because I want to do a good job. I am asking for extra work. I never sit at my desk a minute and smoke a cigarette and waste time. I look for work when there is no work, and when I worked in Chemical, Mrs. Kanterman said I was the best one she ever had. She was shocked how well I worked and how many things I did that I didn't have to do. And she was very proud of me and wished she could keep me on as a full-time employee.

Oh, I have been in the hospital on and off for four years. I keep going home and can't manage at home. My husband keeps barking at me: "Nerves...I'm sick of hearing about nerves." In fact, right now, I want to work full-time and I don't want to come in to Fountain House and just sit here and wait until 11 o'clock to go to my placement. I feel like getting up and getting dressed and going off to work and accomplishing something the whole day. This I feel is a stopover, but I feel that I want to stop coming here and work.

MEMBER 7

MEMBER: It gives you an opportunity to find a place for yourself in our society, especially if you feel like you don't belong to, a feeling of belonging, of belonging.

QUESTION: Have you ever had the feeling that you didn't belong?

MEMBER: I still get the feeling, but I haven't got it as strong as I've had it.

QUESTION: Why?

MEMBER: Because I saw that since you're working and you're with people, you have daily...you get a feeling you're part of something. I was out of work two years.

QUESTION: What did you do during the two years?

MEMBER: I used to worry and the time used to drag. Life used to get very depressing. I had some money saved up. My brother used to help me out. Mainly, I relied on my own and the money that I did have. I used to read a lot and worry a lot. This problem has been with me for a long time. And it's a problem of living, of not feeling that I'm doing what I want to do.

QUESTION: What do you want to do? Tell us about that.

MEMBER: That's a problem. You know, life has a number of problems and sometimes instead of taking one at a time, they all come at you at once. And you get completely confused. You don't know what you want to do first or what's bothering you. So what you usually do is you don't do anything. You just don't know which way, where to start. You know, everything has to fit in a groove in this society we live in. You know, some of us takes a time until we sort of find a proper level or place where we belong and derive satisfaction out of what we're doing.

QUESTION: What kind of job would you like to have someday? Do you have any ideas?

MEMBER: No, I have nothing. I know I enjoy doing physical work, working with my hands. Nothing specific, but I know I like to be useful and doing something.

MEMBER 8

MEMBER: Well, first of all, I think most of you know me here, but some of you may not have met me before. My name is Neil and I'm working at the Chock Full O'Nuts, and I feel that this whole concept is, to begin with, a very important one at Chock Full. It gives most of the members here a chance to re-adjust themselves to working, especially amongst people again. Most of them have been away in hospitals before and, of course, they have been primarily in hospitals because they couldn't deal with the outside life again.

And this helps you to re-adjust and to be able to start all over again. It's a very hectic place to work at Chock Full O'Nuts. It's very busy and you have many people coming and going throughout the day. We feed between 2800 and 3200 people a day which is quite a few people.

I began working less and less time until the point that I was not used to working any more and then I just stopped completely for 2½ years. It was just a matter of not being able to function any more. Employment is a very important factor. People don't realize this but as long as you are busy this is a great thing for the mind. It keeps your mind off a lot of other things that are really of no value at all, of very little importance. People just don't understand this. The more time that you have to think, why, of course, you can just retrogress, which isn't very good.

MEMBER 9

MEMBER: Well, I worked some place else before I came here, but it didn't work out. It was a center that I went to when I went in the hospital. And I was doing factory work, but it didn't work out, so they let me go. I worked there about three months. It was for handicapped people.

I'm working in Sears now. I've been there a little over two months now. And I like it. I do ticketing. I think I'm successful there. Yeah, my boss is pleased. I get paid at Sears $1.65 an hour. I was never employed before in my life. I'm 20. Well, I think that they should keep on trying no matter how they feel. Keep on working and keep on trying and not to let their problems get them down. Keep it up.

I am anxious to do the job because when I'm working I try not to think of what's bothering me and the work keeps my mind off what's bothering me. They probably wouldn't have given me a job if I was to come there on my own. I wouldn't be able to go there on my own because I would be too nervous. So I go in a group. When I first went out there, I went out with a group of people from Fountain House.

MEMBER 10

MEMBER: I think it's very important because you have something to do besides run the streets. You come out of the hospital and the streets wouldn't be no good for you, just to be standing on the corner some place like that. This is a very good thing. I work at Sears. I work at Sears as a porter. It's like a dream coming true. You think about these things all the time in the hospital - how you are going to do when you come out. Then when you come out you find it all happened that way, it makes you feel very good.

MEMBER 11

MEMBER: I can say that these placements here are very great to every member in this place, and I think it'll get better as the placements go along. It helped me, it helped my nerves and it helped my situation a lot because it helped me get out in the open, helped me work with people on the outside, and it helped me back to life again. Makes me feel strong, and I think as I go along, I will get better on this placement. And I worked in the park for a week, but I got fired because it was too hard for me because I wasn't strong enough for the job. Placements will continue as long as we keep on trying. If we keep on trying the placements will last and I think it will last no matter how I do. The other people will keep on doing good anyway.

QUESTION: Well, can you tell us how long you had not been working?

MEMBER: About nine months. I think Fountain House has helped me a great deal, helped me calm my nerves and helped me come back to society again, the society world outside in the open. In March, I got my discharge and they tell me I am much better than I was and they told me I can leave the hospital and they sent me here and said Fountain House would be a great step for me in the right direction, and it has been helpful.

First, I had it pretty bad here, I mean when I get mad, I got a pretty bad temper, but since I am on a placement, I've been better than I had been, much better. I was worried when I was going to get on a placement, but I knew I would get on it some day and I'm quite thrilled I'm on it right now.

QUESTION: What's it like when you are not employed?

MEMBER: Well, it's pretty bad. It's really bad being in the dumps. You feel like you're not alive at all. That's the way I felt. I felt like I had nobody. Felt like my relatives all hated me. I have nine in my family altogether including me, and now my whole brothers and sisters are all happy for me, really proud of me, now that I'm on my placement, and I'm more proud than they are.

MEMBER 12

MEMBER: Well, I work for Sears & Roebuck and Company. To me, when I first went there, I had taken it kind of rough because I hadn't worked in a good little while. 'Course I worked around here, even in the old house I worked, but doing the work like I'm doing now as porter work, sometimes it gets pretty rough. But soon as you get on to it and know how to handle the work, it's easy because it's a certain way you have to do it that will make it easy for you. And I can thank Fountain House. They helped me a lot because my nerves were getting shot, and I have a chance now, I believe, to come back.

QUESTION: You have a chance to what?

MEMBER: To come back. Came out of the hospital straight to Fountain House. Fountain House took me out of the hospital. It's not a thing that a person feels "I can't do this, I can't do that." They have got to try. And that's what I do is push, and I don't try to hide in the corner from the boss. I give him his money's worth and more.

QUESTION: So, does it help to earn money?

MEMBER: Oh, it does. I'll say that. Makes me feel good too, to know I don't have to ask nobody for a cigarette or if I want a pair of shoes, I can go buy them, or socks, or whatsoever. Makes me feel proud.

MEMBER 13

QUESTION: Lillie May, you go to work out at All-Rite Pen Company?

MEMBER: Yes.

QUESTION: Do you think it's good for you to be doing that?

MEMBER: Yes.

QUESTION: Why is it good for you to be doing this?

MEMBER: Because I am working every week and I get my pay.

QUESTION: Is that important?

MEMBER: Yes.

QUESTION: Why is that important - to work every day?

MEMBER: Well, it's important every day to be working because.... I don't know.

QUESTION: What do you do with that money?

MEMBER: I give some to my mother.

QUESTION: What do you do with the rest of it?

MEMBER: Well, I keep it for myself.

QUESTION: Do you like that?

MEMBER: Yes.

QUESTION: Do you ever buy anything with it?

MEMBER: Yes.

QUESTION: Tell me about it.

MEMBER: I bought some slips, some pants, housecoats and shoes.

QUESTION: Were you in the hospital?

MEMBER: Yes.

QUESTION: How long were you in the hospital?

MEMBER: I was two or three years.

QUESTION: Do you remember how many years?

MEMBER: No.

QUESTION: Take a guess. How many years do you think?

MEMBER: Oh, ten - or five.

MEMBER: I like the job very much, to do the work very much. And sometimes I put caps on the pens and I put the ink pens too. And I - um - do the machine. I was out of work for a long time.

QUESTION: How long?

MEMBER: Oh...(pause)...all my life...(pause)...I was out of work... (pause)...I guess.

TRANSCRIPT OF EMPLOYERS' COMMENTS CONCERNING THEIR EXPERIENCES WITH TRANSITIONAL EMPLOYMENT

Staff: What's your kind of general impression, your overall impression?

Employer A: At the beginning, or now?

Staff: At the beginning.

Employer A: At the beginning I was skeptical...of bringing these people up to our place. I said, well, hell, I'll try it...what have I got to lose. But after all the experience of being with them for a year and a half, I'd say one thing, I think we made a damn good choice. I'll be honest in saying this here - that we get more work out of these people than we get out of our own people. Sure I can explain it. I feel that these people, they want to do something and they want to show that they're going to do it. Naturally, if you hire a person on the outside he just will do your six or seven hours of work a day and that's it; he goes home.

These people have heart in what they do. And they want to show you that they can really do a job. But I found out that they're not geared just for that job. They can do much more than what we actually feel they can do. They're good. They work hard. In other words there is no goldbricking with them. I don't like to see them go. But I guess it's for their own benefit. Still, I would like to keep them permanently. I feel that they take their jobs seriously. They do a swell job after they're there for a while. But still, there should be a social worker knowing the job to teach the other people that will be coming on the job.

Staff: How has it been? You've got a pretty big department, don't you?

Employer A: I have four departments.

Staff: Four departments. And our people are in two different ones?

Employer A: Yes, you have one in the mail room, and one with the pick-up and delivery. As I said, they get in with the group. At the beginning they're strange like anyone else. But when they're there a day or two, they're just one of the boys or one of the girls and they seem to join the crowd. In our business or any other business that you go to, people don't give a darn who you are or what you are as long as you can do a day's work, and that's all we want. I feel they're doing a job. If they're not, you'll hear about it.

Employer B: In the years that I've had these guys, I got one boy that worked for you people and now he's working for me permanently. When you people thought he was ready by himself, he did go out and apparently was unhappy with the job that he had gotten, so he came back to me and did I have an opening? And sure enough I did. It just happened... whether it was luckily or not, I would have planned in the near future to hire him, because that kid was good. And the two that I have now, one I had before and I have again, who from the time he was here the first time with us and now there is a big improvement. I'd say 100% improvement from then until now.

Employer A: We found out in our place that these girls and boys, believe it or not, work much better than our own employees. I feel they have more heart to give than what we have. They have shown that they can work. These boys and girls, or the men and women, that do come to us really are putting out for us and they do a day's work. We take them on a four hour basis -- four in the morning and four in the afternoon -- and I can honestly say we get four hours of work from each one of them. They don't goof. If they leave the room they tell us that they have to leave for a few minutes and they come back. We treat them the same way that we treat our own employees. They get their breaks, and they have to produce.

And I've found out that there's no limit to these people, what they can do. They do the job right. In fact, when they get through, they'll come and tell you and ask, what else do you have to do? I've found another thing. They don't want to be left alone. They want to be doing something continuously all day long. I don't feel that I should help them in any way. Yes, I do have maybe a little thought behind my mind about that. Let's put it this way -- I honestly feel that if they do not produce a day's work, I'm just going to call Fountain House and say, let me have somebody else. It hasn't come to that yet.

Employer C: Oh, we have six and two are eight, eight now, and I think one of the first placements that we had from Fountain House, after the three months' period, she want out on her own, and she got her own job. When she first came, she was afraid to work alone. She had to have a social worker with her, and if the social worker moved five feet away, she was right alongside of her, and now she comes to work every day on her own and she works independently.

Staff: How does this apply to you? Are there differences in what's been said, or what's your experience?

Employer D: We're running various areas now. We've got some on porters and they're pretty much on their own. They're given their assignments in the morning and their areas. They're working independently, and we are now using one of the members as their work-head. She's training them. She works right straight through, and we keep our fingers crossed on that. She went full-time this morning, and she'll work both sections, morning and afternoon, and I think she can do it. The other section is the stock, which is relatively new. There's a lot more to learn and remember, and we want to get into this work-head situation there also. We're looking forward to this.

Employer E: As far as we're concerned, our work is more of a clerical nature and, as Alma has mentioned before, her electric adding machine is her mainstay and what they are doing in our place, I think, is a very important feature of our particular department's work. She came to us rather timidly and very nervous, as probably you folks have known, and I had my doubts about whether she would last. But I let the second day go by and the third day, and she began to show improvement, and right now, Alma's very good; she's doing a very nice job; and as she said, these particular records that they trial balance are investment holdings for our Custody Accounts and it's a job that has to be done, and whether the Fountain House group does it or whether our own kids do it, it still has to be done. It's one of the musts.

And I might say that in all of our experience with these people who have been coming from Fountain House, we've only had the best of experiences. I don't know of any instances where we had to request that anybody be taken out or terminated so I only have the highest praise for the work you're doing. For me, it's wonderful. I always believed in this anyway because I think here we are doing something to help our fellow man, whether he is normal or abnormal, whatever it might be. This is the thing that, well, we preach about, let's put it this way, and so I believe in it wholeheartedly and have been backing it quite a bit in this respect.

Aside from that, that's about all that I can say. I only have the highest praise for both the people who work there and also for Fountain House. It's doing a nice job. No, I might say this. In our department, we have about 45 people. About 35 of these are young kids, just out of high school. They're girls and they just seem to fit into the program and, as has been mentioned before, we don't cater to these people from Fountain House. We just accept them as being one of the newer employees.

And although the other employees, mostly kids, know about what the situation is, there is never any discussion or any feelings whatsoever. In our place, we may tend to baby them a little bit, that is, the Fountain House people, but this, I think, has a place. But also we like to make them feel important, that they are doing a good job, and they are. They're there early in the morning. The 9 o'clock people are there about 8:30 and I think Gay used to be in there at quarter after eight. She was one of our terrific girls that we had.

Employer B: It's great. It's a great feeling to know that there is somebody else, in a group now, like us, doing the very thing that is so beneficial to the guy who is down and out, I mean these poor, unfortunate fellows are down, at least temporarily, anyway. With the help of Fountain House and with the help of some of these employers that are geared up, they gear themselves up for it. You kind of knock out a good product at the end of the term. You draw the line. You find the profits were good, the profits meaning that that fellow came out of it and he's ready to go to work, or that young lady, and makes an honest living, and feel as independent as the girl next door.

Employer A: Do you honestly feel that they stand toe to toe, or do they do a little extra than your regular employees?

Employer B: I would say that these people were, after they are trained, the boys from Fountain House, they would stand toe to toe with anybody, not just the guys who are dragging, the guys who are high-speed.

Employer A: How do these other gentlemen feel about that? Do you feel the same way?

Employer C: No, I would say you have to treat each person as an individual. You can't really categorize them as one type of individual. You'll find some who are equal to your regular people, some that are not as good, and some that are better. Unfortunately, some of the better people we have had from Fountain House, after they have completed their three months tenure, they had to leave, and I would have liked to keep them right along. This is unfortunate but that's part of the program.

Employer F: Yes, they always do their work and it's wonderful. We've only had one girl that, unfortunately, I have had to call Esther about and to send someone else. We have had an awful lot of them and we are very glad to have a part, just a small part, in helping Fountain House.

Staff: This is a very big part.

Employer F: Well, to us it's a small part, just like the other gentleman who was speaking said, a small part but we're glad to do something. They have a wonderful place here and it's not like they are confined. It makes them feel that they are not, what you call, sick.

Staff: Not an institution?

Employer F: Right. They have a freedom here. They have particular work they have to do, but it's a beautiful place and it's just that...well...

Staff: We couldn't do it without you.

Sears EAST WIND

WINTER

Capable People—the Timeless Need

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FOUNTAIN HOUSE FOUNDATION, INC.
425 West 47th Street, New York, N. Y. 10036

This man is a personnel manager for Sears, not a social worker. But in a day when finding employable people becomes tougher and tougher, he has turned to a source which at once makes him an involved participant in solving one of society's greatest needs: mental health rehabilitation. His name is Hal Gregory. This is his

Manhattan Project

He was a young man and he had not been out of the mental hospital very long, and occasionally he showed the traces of nervous energy left over from his battle — still very much a continuing battle — with schizophrenia.

"What's it like when you're not employed?" the interviewing social worker asked.

"Well, it's pretty bad," the young man said. "You feel like you're not alive at all. That's the way I felt. I felt like I had nobody; felt like my relatives all hated me.

"They told me when I left the hospital that I ought to come here, to Fountain House," he continued. "They said it would be a step in the right direction, and it has been helpful. First, I had it pretty bad here, I mean when I get mad, I got a pretty bad temper, but since I got a part-time job, I've been better than I had been, much better. Now my whole family is happy for me, really proud of me, now that I'm on my placement, and I'm more proud than they are."

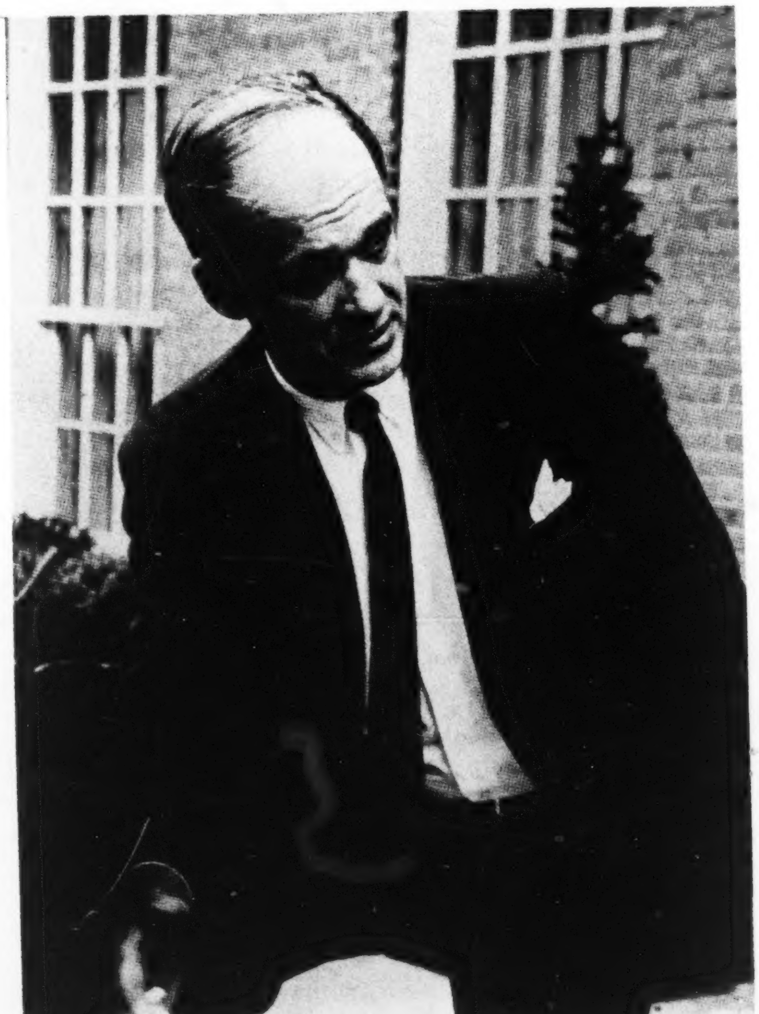
A hundred or fifty or even twenty-five years ago this interview might have been impossible. But today new techniques in the myriad fields of mental health rehabilitation are giving private organizations, such as The Fountain House Foundation, headquartered at 425 West 47th St., New York City, and private business, such as Sears fashion distribution center in North Bergen, N.J., a chance to work together in a project full of excitement and promise.

Called a demonstration program of transitional employment, this Fountain House project seeks to place ex-mental patients without histories of violence — mostly schizophrenics — in useful jobs alongside regular employes in the belief that their communication with the real world is vital therapy, in addition to being good business.

Two men at the fashion center who share this belief are Frank Cappiello, manager, and Hal Gregory, personnel manager. It was Cappiello who initiated the project in the old Sears fashion distribution center four years ago when it was located in the 31st Street fashion office building. Later, when the new center was built in North Bergen, there was a question of continuing the project even though the distance had widened. But not for long. The expanding fashion center needed people, and Cappiello decided to make the Fountain House program a part of the move.

For Hal Gregory, who came to the fashion facility nearly two years ago, the program was interesting and exciting, but he had some questions. He put them to John Beard, executive director of Fountain House, during a tour of the new 47th Street six-story Georgian rehabilitation center which is a halfway house for some 1,500 former mental patients each year.

Beard and Esther Kruuse, assistant program director, began with the top floor and worked down. They showed Gregory the comfortable, homey rooms where patients could relax and talk, do various projects or train for future employment, or entertain friends or family. They explained that Fountain House was not equipped to house its patients, or "members," as they were called, and indeed felt that such housing was detrimental to the aims of the foundation. "We exist only to help psychiatric patients make a successful community adjustment," Beard said, "and giving them just another institutional building and a similar pro-



"We think the success of Sears as a transitional employer develops first at Fountain House."

John Beard, left, is executive director of The Fountain House Foundation, a rehabilitation center for schizophrenics in New York. He is an outspoken advocate of new trends in mental health, especially those which seek to treat patients outside of the confinements of institutions whenever possible. Esther Kruuse, assistant program director, above, spends a half-hour discussing Fountain House's program of transitional employment with a group of former mental patients. The key to Fountain House therapy is that these "members" are not talking about themselves and their own hang-ups. Instead they are discussing working conditions, paychecks, supervisors, and developing an awareness that they can pull their own weight as employable persons. "For a hundred years," says Beard, "we have created warehouses for people. How much more useful it would be if we let our patients have relationships to industry. I believe people are necessary for the health of people."

Hal Gregory's involvement with Fountain House started two years ago when he began as personnel manager at North Bergen's fashion distribution center. Since then, Gregory and John Beard have helped dozens of former psychiatric cases pass through Sears on the road to rehabilitation. Below the two men record a discussion of transitional jobs at Sears on videotape for future candidates from Fountain House.

gram would prevent that from happening. We're looking for a vocational adjustment here — it's one of the major ways an individual participates in our society."

Another part of the tour allowed Gregory to meet the Fountain House staff, a group of hard-thinking, dedicated social workers, sociologists and psychologists. He learned that each time a patient is offered a "placement," or a transitional job, the job is first performed by a member of the Fountain House staff for two or three days or more. This has two results: (1) the staff member is able to evaluate the working conditions and the various demands, both physical and psychological, which will be placed on the new "member" who is hired, and (2), a job description helps not only the first hire, but all subsequent people who take over the transitional job.

Gregory was interested to know that many firms and industries were participants. Companies like Chemical Bank of New York, *Newsweek*, Benton & Bowles and Manufacturers' Hanover Trust were participating, and an entire Chock Full O' Nuts branch had been turned over to Fountain House use. In all, some 40 companies are providing jobs for about 140 ex-mental patients from the New York area.

The fashion center's new personnel manager was quick to expand the role of Sears as a transitional employer. Today there are 20 jobs at North Bergen available to mentally ill persons on the road to full recovery, and while these jobs are not always filled by Fountain House people, a steady stream of both men and women, all part-timers, start out each day from the big brick rehabilitation center to Sears.

As an employer, Hal Gregory wanted to know what other personnel directors and plant managers had to say about the program of transitional employment. One Manhattan employer was typical. He said, "At the beginning I was skeptical about bringing these people up to our place. I said, 'Well, hell, I'll try it . . . what have I got to lose.' But after all the experience of being with them for a year and a half, I'd say one thing, I think we made a good choice. These people have heart in what they do. They work hard, there's not a goldbricker among them. I feel they're doing a job."

As his interest grew, Hal Gregory made many trips across the Hudson river to the Manhattan rehabilitation center. He talked extensively with John Beard as well as with other Fountain House staff members.

"Transitional jobs are basically jobs which do not take a lot of training," Beard explained. "This isn't because our

Manhattan Project, Cont.

people aren't capable of performing skilled work — our interest is based upon trying to give a patient just released from a hospital a successful work experience. Sometimes it doesn't work out, but in a high majority of cases the Fountain House member who is placed as a messenger at a bank or a ticketer at Sears or a kitchen helper at Chock Full O'Nuts responds quickly and favorably to work therapy.

"You have to understand this from the patient's point of view," Beard went on. "To him Sears is the real world, it's what's going on. To be fully rehabilitated he has to be able to perform in this real world, and he feels this very strongly. By offering him a placement at the fashion center we make it possible for him to get up in the morning, go to a regular job with regular employes, earn a regular wage and get along with his supervisor.

"All of these people come to us unemployed. Most have been in the hospital many years or have had multiple hospitalizations. Our theory is that you can help a patient more by taking him out of the hospital after a reasonable amount of rehabilitation and by spending time with him in the community than by trying to relate to him in his mental institution."

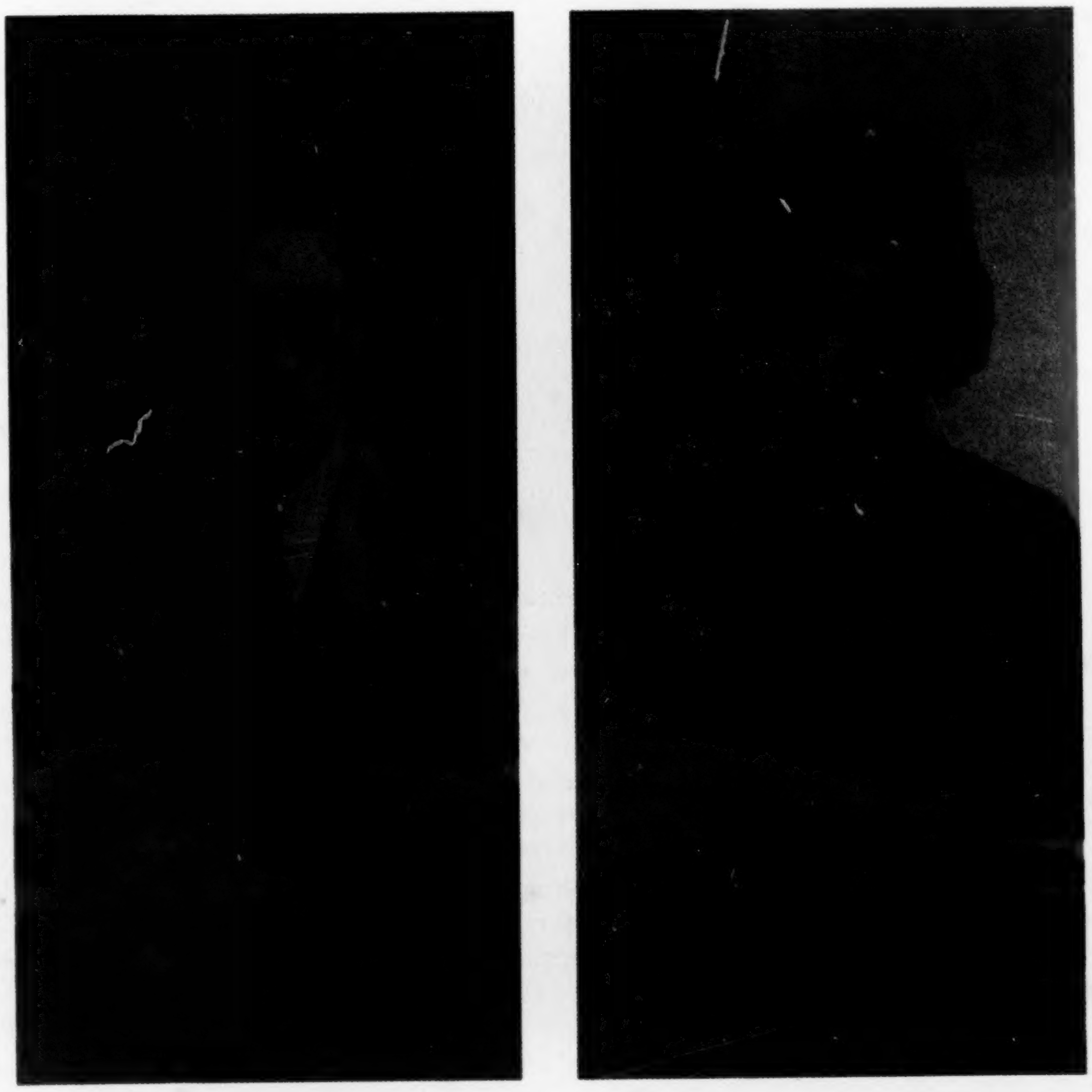
Members of Fountain House who go on placement in the morning work until noon and then come back to the rehabilitation center for lunch and an afternoon of participating in group discussions or class projects. This too is part of their rehabilitation. Other members come to Fountain House in the morning and then go to their placement.

The idea that each former mental patient still needs individual attention when he gets to Fountain House is passé. Here the concept is to make the new member a part of the family. As John Beard says, "In a family situation, if you are sick, you go to a doctor . . . if your tooth aches, you go to a dentist. Here, if a member requires further psychiatric help, he either returns to a mental hospital for concentrated care, or, if the problem is less serious, we meet with one of three New York psychiatrists who make themselves available as consultants, and then we try to work the problem out."

Beard is very conscious of the basic problems of schizophrenics, however. He says that our society does little to recognize the close ties between family, friends, the community and the individual. There is a double disability for the mentally ill, Beard is convinced, because aside from the indisputable fact that the person is sick, he is usually alienated from his closest relatives and friends. Communications

"Sears is the real world; it's what's going on."

In transitional employment, jobs are specifically designed to be temporary for any one Fountain House member, usually lasting no more than three months. Some employes, however, are exceptions. Grace McKinney came to Sears as a temporary employe nearly two years ago from Fountain House. Today, as a result of her own will to adjust and accept responsibility, she is a regular employe in the distribution center. More important, her continued affiliation with Fountain House makes her secondary job as supervisor of transitional employes doubly meaningful. She is a liaison between these people, Hal Gregory and Fountain House. At right, she discusses her work with Gregory. She is a part of the teaching function now, and even as she herself learns from other regular employes, far right, she can return to Fountain House with hope to other members bound for transitional jobs.



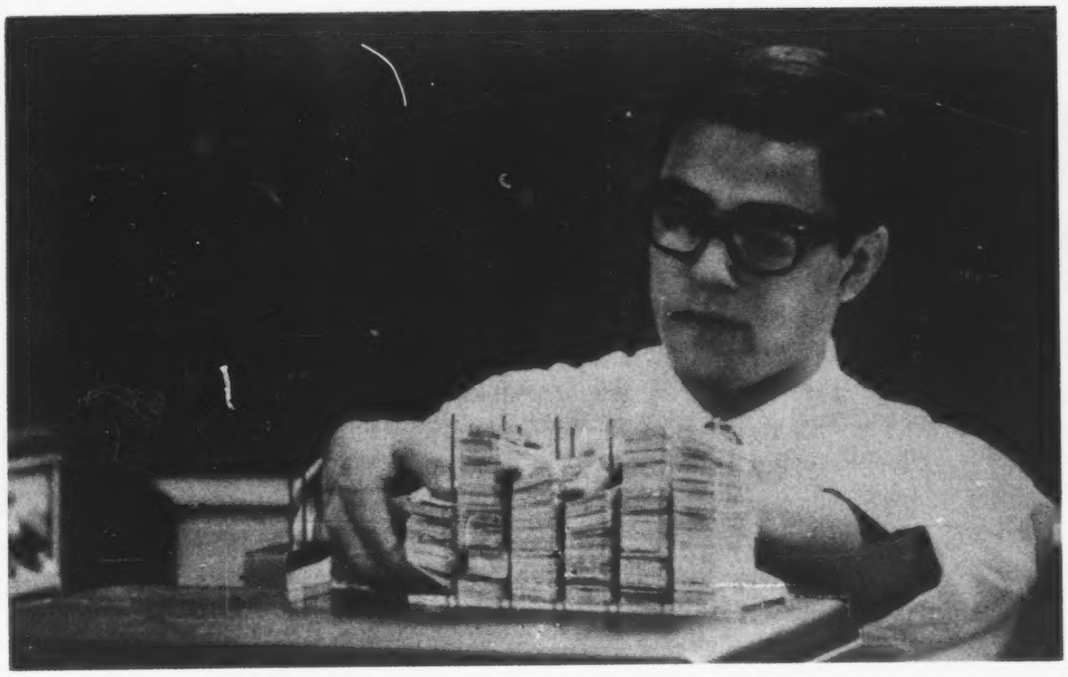
break down. Relationships are scattered and cut off. Thus, says Beard, in the end it is the social reaction which is responsible for the attitude of the individual after he has been "cured" in the mental hospital. People still color their view of him because they remember where he has spent the last eight months, or perhaps the last five years.

With this double disability in mind, Beard asked Hal Gregory to bring in all the supervisors who would be working with Fountain House members on transitional employment. They were given the full tour of the rehabilitation center's facilities, and in addition found out how they could be key factors in the project's success.

"There are uncounted hundreds of people," John Beard told them, "who perform supervisory or semi-supervisory jobs in industry who, because of their personality, interest, humanity, insight, understanding, patience and good sense represent a tremendous therapeutic resource for the emotionally ill. They can continue to perform their supervisory roles and at the same time provide a most needed and therapeutic influence on our people. This amounts to what I call "simultaneous fulfillment" because it fills jobs for the employer who is in a profit-making business, and it offers a stable situation to the professional in a mental health agency responsible for the emotionally disturbed.

As a result of this session and others with the supervisors from the fashion center, Gregory was able to go ahead with his plans for enlarging transitional employment at Sears. Today he says, "All of our supervisors are clued in on what we are doing. They help make any problems minimal. We try to treat our Fountain House employes as we would any other employe. They mix in and the communication process does its work. However, if they want to explain their past to their fellow workers, that's their business. We don't make the distinction — we have no right to."

Esther Kruuse is the sparkplug at Fountain House. There are many fires of dedication burning among staff members, but Esther's flame is white-hot. As assistant program director she moves about Fountain House, working with groups, assailing the private fears of a new member, putting in long, productive hours counseling and explaining, continuously enthusiastic, remarkably tender. "I'm the *today* girl," she says and laughs. "What I have to offer these people is *now*, not yesterday or tomorrow. We take it one step at a time — a placement today at Sears, and in three months, if the girl is ready, she moves to work at a bank. Another three or four months, and we try her at Chock Full, where the pressure is fantastic. Each place is a step. Each job must be real. Everything I say must be honest.



"We are concerned about vocational adjustment. This is one of the major ways an individual participates in our society."

Ray Vega, above, works at the second of two regular jobs at North Bergen held by Fountain House members. His function is a vital one to the fashion center. He collates tickets from every piece of apparel sent out by the center and sold in stores throughout the East. Using a Kimball ticket machine, he turns out IBM cards and useful information to Sears buyers on quantity, style and price point. Frank Jones, at right and below, handles a different assignment. His four-hour transitional routine gives him an opportunity not only to move merchandise but a chance to prove to himself that he can stick with a job, perform it as well as or better than anyone else, get along well with his fellow employes and draw a check at week's end for his efforts.

New employes from Fountain House must be able to adjust to the demands of a job such as ticketer. Francesca Acevedo, at right in the picture opposite, takes hints in the operation from Jeannette Bucchianico, her supervisor. Both Beard and Gregory classify the supervisor's role as essential to the success of the entire program.

Anything fake is out."

One of the transitional employment program's greatest assets is the fact that members who are on placement get paid the same as everyone else who starts in that job. "The dignity of having your own money," says Esther, "well, that's pretty special."

Just how special is pointed up by the pride and self-assurance displayed by members who come back to Fountain House with their first paycheck waving for all to see. One woman put it this way: "It's not a thing that a person feels 'I can't do this, I can't do that.' They have got to try. And that's what I do is push, and I don't try to hide in the corner from the boss. I give him his money's worth and more. Makes me feel good, too, to know I don't have to ask nobody for a cigarette or if I want a pair of shoes, I can go buy them, or socks, or whatsoever, makes me feel proud."

Fountain House is a private foundation which receives about 40 per cent of its funds from city, state and federal government, but its board insists that government grants not exceed that amount. The other 60 per cent comes from private sources. With a broad base of funding weighted to the private sector, director John Beard can have the freedom to explore ways to effect quicker and better documented rehabilitation for all Fountain House members. One of his needs lies in getting the trained professionals in social work who are willing to ticket apparel, or wash dishes, or get down on their knees and scrub floors — all in the interest of knowing exactly what a member will experience during a placement. One young psychologist spent an entire year working in a car wash with eight Fountain House members, providing therapy with soap suds and relating achievement to the gleam of chrome in the sunlight.

It is such dedication that builds once warped lives into human beings with a sense of personal worth.

It amounts to modern business management's concept of productivity, according to John Beard. He cites the crying needs of the labor market for more people to be employed, and estimates that nearly half of the people in hospitals in the nation are mentally ill. "Helping these psychiatric cases to become productive members of society isn't just a good deed," he believes, "it makes good business sense."

Hal Gregory agrees fully. After two years' experience with the members of Fountain House, he places the employment of the group as a whole solidly in the plus column. He qualifies this by answering several questions he thinks a potential employer might ask. "One is *turnover,*" he says. "On the average, turnover is the same as we get from employes hired off the street for the same job. The difference is that in the Fountain House program, we can have a replacement right away. We don't have to advertise.

"The second point is *attendance.* I find that we get better attendance from Fountain House people than from some of our other employes. These people want to work; half the battle is won. This is *motivation.* And there's a sidelight to this — everybody who starts earning money comes off welfare and starts paying taxes. To the rest of us taxpayers that's pretty important."

The Sears-Fountain House project isn't a massive program of rehabilitation. It isn't even a very big chink in the wall which separates most persons recovering from mental illness from the rest of society. But Hal Gregory and John Beard believe it's important. Not simply that more of the emotionally ill are making their way back to public acceptance — though this is certainly the major goal — but that regular employes at North Bergen are responding personally, each day. They are recognizing in themselves a talent for just being helpful.

That in itself, says Gregory, is pretty good therapy.

Variables Tested for Comparability of Research Groups

Location of Table	Variables Tested	Significance Level
Appendix Table		
I	Diagnosis	NS
II	Age first hospitalized	NS
III	Type of last hospital	NS
IV	Age at intake	NS
V	Education	NS
VI	Borough of residence	NS
VII	Availability of telephone at residence	NS
VIII	Sex	NS
IX	"Race"	NS
X	Religion	NS
XI	Marital status	NS
XII	Attendance at an aftercare clinic	NS
XIII	Psychotherapy on a private basis	NS
XIV	Medication prescribed	NS
XV	Number of jobs since last hospital release	NS
XVI	Length of time since held job longer than six months	NS
XVII	Intake worker's evaluation of subject's recall	NS
XVIII	Intake worker's prediction of ease of involving subject in program	NS
XIX	Intake worker's assessment of the likelihood of the subject's re-hospitalization	NS
XX	Wing inventory of symptoms	NS
XXI	Mental Status Schedule, 16 scales and total score	all NS
	Srole Anomie Scale	NS
	Parental Socio-Economic Status	NS
Chapter III Table 1	Number of hospitalizations prior to intake	$p < .05$
Chapter III Table 2	Total months hospitalized	$p < .05$

DISTRIBUTION OF CHARACTERISTICS
IN THE S.R.S. STUDY
RESEARCH GROUPS

TABLE I

Diagnosis

	F.H.		C.P.S.		Control		Total	
Diagnosis	f	(%)	f	(%)	f	(%)	f	(%)
Schizophrenia								
Paranoid	19	(27)	12	(18)	8	(12)	39	(19)
Other Types	43	(61)	13	(20)	20	(30)	76	(38)
Sub-Total	62	(89)	26	(40)	29	(43)	117	(58)
Non-Schizophrenic Disorders	8	(11)	4	(6)	4	(6)	16	(8)
No Information	0	(0)	36	(55)	35	(52)	71	(35)
Total	70	(99)	65	(99)	67	(100)	202	(100)

TABLE II

Age First Hospitalized

	F.H.		C.P.S.		Control		Total	
Age in years	f	(%)	f	(%)	f	(%)	f	(%)
8-17	7	(10)	9	(14)	4	(6)	20	(10)
18-19	10	(14)	7	(11)	6	(9)	23	(11)
20	4	(6)	5	(8)	1	(1)	10	(5)
21-22	7	(10)	4	(6)	13	(19)	24	(12)
23-25	13	(19)	9	(14)	11	(16)	33	(16)
26-28	6	(9)	3	(5)	7	(10)	16	(8)
29-31	4	(6)	9	(14)	3	(4)	16	(8)
32-36	8	(11)	8	(12)	5	(7)	21	(10)
37-43	10	(14)	4	(6)	5	(7)	19	(9)
44-62	1	(1)	7	(11)	11	(16)	19	(9)
NR	0	(0)	0	(0)	1	(1)	1	(0)
Total	70	(100)	65	(101)	67	(96)	202	(98)

TABLE III

Type of Last Hospital

	F.H.		C.P.S.		Control		Total	
Last Hospital	f	(%)	f	(%)	f	(%)	f	(%)
State	53	(76)	49	(75)	47	(70)	149	(74)
City	4	(6)	6	(9)	8	(12)	18	(9)
Private	4	(6)	6	(9)	6	(9)	16	(8)
V.A. Hospital	6	(9)	4	(6)	6	(9)	16	(8)
Federal	3	(4)	0	(0)	0	(0)	3	(1)
Total	70	(101)	65	(99)	67	(100)	202	(100)

TABLE IV

Age at Intake

	F.H.		C.P.S.		Control		Total	
Age in years	f	(%)	f	(%)	f	(%)	f	(%)
17-20	8	(11)	9	(14)	8	(12)	25	(12)
21-23	5	(7)	7	(11)	11	(16)	23	(11)
24-25	3	(4)	2	(3)	3	(5)	8	(4)
26-28	8	(11)	2	(3)	6	(9)	16	(8)
29-32	11	(16)	8	(12)	7	(10)	26	(13)
33-35	9	(13)	9	(14)	7	(10)	25	(12)
36-39	10	(14)	8	(12)	6	(9)	24	(12)
40-43	6	(9)	5	(8)	4	(6)	15	(7)
44-50	8	(11)	7	(11)	5	(7)	20	(10)
51-67	2	(3)	8	(12)	10	(15)	20	(10)
Total	70	(99)	65	(100)	67	(99)	202	(99)

TABLE V

Education

	F.H.		C.P.S.		Control		Total	
Education	f	(%)	f	(%)	f	(%)	f	(%)
7th grade or less	8	(11)	3	(5)	2	(3)	13	(6)
Completed 8th grade	6	(9)	4	(6)	8	(12)	18	(9)
Some high school	21	(30)	21	(32)	17	(25)	59	(29)
Finished high school	15	(21)	14	(22)	18	(27)	47	(23)
Some college	15	(21)	18	(28)	14	(21)	47	(23)
Finished college	5	(7)	5	(8)	8	(12)	18	(9)
Total	70	(99)	65	(101)	67	(100)	202	(99)

TABLE VI

Borough of Residence

	F.H.		C.P.S.		Control		Total	
Borough	f	(%)	f	(%)	f	(%)	f	(%)
Manhattan	20	(29)	25	(38)	22	(33)	67	(33)
Brooklyn	19	(27)	12	(18)	23	(34)	54	(27)
Bronx	14	(20)	15	(23)	12	(18)	41	(20)
Queens	17	(24)	11	(17)	10	(15)	38	(19)
Staten Island	0	(0)	2	(3)	0	(0)	2	(1)
Total	70	(100)	65	(99)	67	(100)	202	(100)

TABLE VII

Availability of Telephone at Residence

	F.H.		C.P.S.		Control		Total	
Phone Available?	f	(%)	f	(%)	f	(%)	f	(%)
No	16	(23)	12	(18)	12	(18)	40	(20)
Yes	54	(77)	53	(82)	55	(82)	162	(80)
Total	70	(100)	65	(100)	67	(100)	202	(100)

TABLE VIII

Sex

	F.H.		C.P.S.		Control		Total	
Sex	f	(%)	f	(%)	f	(%)	f	(%)
Male	46	(66)	35	(54)	44	(66)	125	(62)
Female	24	(34)	30	(46)	23	(34)	77	(38)
Total	70	(100)	65	(100)	67	(100)	202	(100)

TABLE IX

"Race"

"Race"	F.H. f	F.H. (%)	C.P.S. f	C.P.S. (%)	Control f	Control (%)	Total f	Total (%)
White	56	(80)	49	(75)	59	(87)	163	(81)
Negro	12	(17)	12	(18)	9	(13)	33	(16)
Puerto Rican	2	(3)	3	(5)	0	(0)	5	(2)
Oriental	0	(0)	1	(2)	0	(0)	1	(0)
Total	70	(100)	65	(101)	67	(100)	202	(99)

TABLE X

Religion

Religion	F.H. f	F.H. (%)	C.P.S. f	C.P.S. (%)	Control f	Control (%)	Total f	Total (%)
Protestant	20	(29)	19	(29)	15	(22)	64	(32)
Catholic	25	(36)	18	(28)	24	(36)	67	(33)
Jewish	25	(36)	28	(43)	26	(39)	69	(34)
Greek Orthodox	0	(0)	0	(0)	1	(1)	1	(0)
"None"	0	(0)	0	(0)	1	(1)	1	(0)
Total	70	(101)	65	(100)	67	(99)	202	(99)

TABLE XI

Marital Status

Marital Status	F.H. f	F.H. (%)	C.P.S. f	C.P.S. (%)	Control f	Control (%)	Total f	Total (%)
Single	48	(69)	43	(66)	48	(71)	139	(69)
Married*	4	(6)	8	(12)	5	(7)	17	(8)
Previously married*	18	(26)	14	(2)	14	(21)	46	(23)
Total	70	(101)	65	(100)	67	(99)	202	(100)

*"Married" does not include those separated from their spouses, "Previously married" includes them.

TABLE XII

Attendance at an Aftercare Clinic

	F.H.		C.P.S.		Control		Total	
Whether attends	f	(%)	f	(%)	f	(%)	f	(%)
No	34	(49)	32	(49)	31	(46)	97	(48)
Yes	35	(50)	33	(51)	35	(52)	103	(51)
N R	1	(1)	0	(0)	1	(1)	2	(1)
Total	70	(100)	65	(100)	67	(99)	202	(100)

TABLE XIII

Psychotherapy on a Private Basis

	F.H.		C.P.S.		Control		Total	
Therapy	f	(%)	f	(%)	f	(%)	f	(%)
No	42	(60)	30	(46)	36	(54)	108	(53)
Yes	23	(33)	31	(48)	26	(39)	80	(40)
N R	5	(7)	4	(6)	5	(7)	14	(7)
Total	70	(100)	65	(100)	67	(100)	202	(100)

TABLE XIV

Medication Prescribed

	F.H.		C.P.S.		Control		Total	
Whether prescribed	f	(%)	f	(%)	f	(%)	f	(%)
No	19	(27)	7	(11)	12	(18)	39	(19)
Yes	51	(73)	58	(89)	55	(82)	166	(81)
N R	0	(0)	0	(0)	0	(0)	0	(0)
Total	70	(100)	65	(100)	67	(100)	202	(100)

TABLE XV

Number of Jobs Since Last Hospital Release

	F.H.		C.P.S.		Control		Total	
Number of jobs	f	(%)	f	(%)	f	(%)	f	(%)
None	57	(81)	50	(77)	47	(70)	154	(76)
One	7	(10)	13	(20)	14	(21)	34	(17)
Two	4	(6)	0	(0)	3	(4)	7	(3)
Three or four	2	(3)	2	(3)	2	(3)	6	(3)
N R	0	(0)	0	(0)	1	(1)	1	(0)
Total	70	(100)	65	(100)	67	(99)	202	(99)

TABLE XVI

Length of Time Since Subject Held a Job for Longer Than Six Months

	F. H.		C.P.S.		Control		Total	
Length of time	f	(%)	f	(%)	f	(%)	f	(%)
More than 1 month, less than 1 year	3	(4)	5	(8)	6	(9)	14	(7)
One year or more	39	(56)	26	(40)	26	(39)	91	(45)
No job longer than 6 months	7	(10)	6	(9)	8	(12)	21	(10)
N R, D K	21	(30)	28	(43)	27	(40)	76	(38)
Total	70	(100)	65	(100)	67	(100)	202	(100)

TABLE XVII

Intake Worker's Evaluation of Subject's Recall

		F.H.		C.P.S.		Control		Total	
	Evaluation	f	(%)	f	(%)	f	(%)	f	(%)
3	Excellent	10	(14)	10	(15)	12	(17)	32	(16)
2	Good	36	(51)	37	(57)	38	(58)	111	(55)
1	Fair	24	(34)	14	(22)	14	(20)	52	(26)
	N R	0	(0)	4	(6)	3	(4)	7	(3)
	Total	70	(99)	65	(100)	67	(100)	202	(100)
	Mdn.*	1.81		1.95		1.97			

*Median based on the ranks given to the left of the evaluation categories.

TABLE XVIII

Intake Worker's Prediction of the Ease of Involving Subject in Program

		F.H.		C.P.S.		Control		Total	
	Effort to become involved	f	(%)	f	(%)	f	(%)	f	(%)
4	No special effort	15	(21)	22	(34)	28	(42)	65	(32)
3	Little effort	40	(57)	24	(37)	24	(36)	88	(44)
2	Considerable effort	15	(21)	11	(17)	10	(15)	36	(18)
1	Doubt become involved	0	(0)	2	(3)	1	(1)	3	(1)
	N R	0	(0)	6	(9)	4	(6)	10	(5)
	Total	70	(99)	65	(100)	67	(100)	202	(100)
	Mdn.*	3.00		3.19		3.35			

*Median based on the ranks given to the left of the effort categories.

TABLE XIX

Intake Worker's Assessment of the Likelihood of the Subject's Rehospitalization

		F.H.		C.P.S.		Control		Total	
	Likelihood	f	(%)	f	(%)	f	(%)	f	(%)
4	Very likely	14	(20)	5	(8)	22	(33)	41	(20)
3	Likely	31	(44)	42	(65)	27	(40)	100	(50)
2	Not likely	24	(34)	12	(18)	15	(22)	51	(25)
1	Most unlikely	0	(0)	0	(0)	0	(0)	0	(0)
	N R	1	(1)	6	(9)	3	(4)	10	(5)
	Total	70	(99)	65	(100)	67	(99)	202	(100)
	Mdn.*	2.84		2.92		3.13			

*Median based on the ranks given to the left of the likelihood categories.

BACKGROUND CHARACTERISTICS AND REHOSPITALIZATION

	Frequency			Percent Rehospitalized		
Characteristic	FH	CPS	C	FH	CPS	C
I. Diagnosis						
Schizophrenic	62	26	29	44	58	59
Non-Schizophrenic	8	4	4	50	0	25
No Response	0	36	35	0	44	54
II. Age First Hospitalized						
8-20	21	21	11	38	43	64
21-31	30	25	34	47	40	62
32-62	19	19	21	47	63	38
III. Type of Last Hospital						
State	53	49	47	50	43	49
Non-State	17	16	20	29	63	70
IV. Age at Intake						
18-25	16	18	22	38	39	64
26-39	38	27	26	47	59	58
40+	16	20	19	44	40	42
V. Education						
H.S. Graduate	35	37	40	49	57	60
Non-H.S. Graduate	35	28	27	40	36	48
VI. Borough of Residence						
Manhattan	20	25	22	45	48	59
Brooklyn	19	12	23	47	42	43
Bronx	14	15	12	50	53	67
Queens	17	11	10	35	45	60
VII. Telephone Available						
No	16	12	12	69	67	17
Yes	54	53	55	37	43	64
VIII. Sex						
Male	46	35	44	41	37	61
Female	24	30	23	50	60	43
IX. "Race"						
White	56	49	59	43	51	58
Non-White	14	16	8	50	38	38
X. Religion						
Protestant	29	19	15	50	47	33
Catholic	25	18	24	36	33	58
Jewish	25	28	26	48	57	62

BACKGROUND CHARACTERISTICS AND REHOSPITALIZATION (cont'd)

	Frequency			Percent Rehospitalized		
Characteristic	FH	CPS	C	FH	CPS	C
XI. Marital Status						
Single	48	43	48	42	44	60
Ever-married	22	22	19	50	55	42
XII. Aftercare Attendance						
No	34	32	31	44	50	55
Yes	35	33	35	43	45	54
XIII. Private Psychotherapy						
No	42	30	36	48	50	47
Yes	23	31	26	43	52	62
XIV. Medication Prescribed						
No	19	7	12	47	43	25
Yes	51	58	55	43	48	62
XV. Jobs Since Release						
No	57	50	47	28	34	43
Yes	13	15	19	31	27	26
XVI. When Held 6 Months Job						
37% No response. Insufficient information						
XVII. Subject's Recall						
Excellent, Good	46	47	50	43	49	54
Fair	24	14	14	46	43	57
XVIII. Ease of Involvement						
No Effort	15	22	28	40	45	43
Some Effort	55	37	35	45	51	66
XIX. Likelihood of Rehospitalization						
Likely	45	47	49	47	55	53
Unlikely	24	12	15	42	25	60
XX. Wing Inventory						
0-3	36	36	38	47	42	53
4-6	26	18	19	42	56	42
7+	7	7	10	43	43	90
XXI. Mental Status Schedule (Total Score)						
≤ 41 (Low)	36	29	34	47	59	53
≥ 42 (High)	34	36	33	41	39	58

BACKGROUND CHARACTERISTICS AND REHOSPITALIZATION (cont'd)

	Frequency			Percent Rehospitalized		
Characteristic	FH	CPS	C	FH	CPS	C
XXII. Srole Anomie Scale						
0	20	15	18	55	53	50
1-2	30	29	28	40	45	57
3-4	17	17	13	41	29	92
XXIII. Parental S.E.S.						
Low	24	34	24	42	38	67
High	30	24	37	43	67	43
XXIV. No. of Prior Hospitalizations						
1 and 2	32	34	40	44	41	53
3 or more	38	31	27	45	55	59
XXV. Total Months Hospitalized						
1-30	40	43	54	45	49	57
31-300	30	22	13	43	45	46

BACKGROUND CHARACTERISTICS AND EMPLOYMENT

	Frequency			Percent Employed			Percent on TEP Only
Characteristic	FH	CPS	C	FH	CPS	C	FH
I. Diagnosis							
Schizophrenic	62	26	29	45	62	62	42
Non-Schizophrenic	8	4	4	63	75	50	12
No Response	0	36	35	0	50	51	0
II. Age First Hospitalized							
8-20	21	21	11	48	57	82	33
21-31	30	25	34	43	52	53	40
32-62	19	19	21	53	63	52	42
III. Type of Last Hospital							
State	53	49	47	49	55	51	38
Non-State	17	16	20	41	63	70	35
IV. Age at Intake							
18-25	16	18	22	50	67	45	31
26-39	38	27	26	45	52	46	13
40+	16	20	19	56	65	53	44
V. Education							
H.S. Graduate	35	37	40	49	70	70	37
Non-H.S. Graduate	35	28	27	51	43	37	40
VI. Borough of Residence							
Manhattan	20	25	22	45	60	59	45
Brooklyn	19	12	23	42	75	65	32
Bronx	14	15	12	36	47	42	57
Queens	17	11	10	65	36	40	24
VII. Telephone Available							
No	16	12	12	31	42	25	50
Yes	54	53	55	52	60	64	35
VIII. Sex							
Male	46	35	44	50	63	66	41
Female	24	30	23	42	50	39	33
IX. "Race"							
White	56	49	59	46	61	61	39
Non-White	14	16	8	50	44	25	36
X. Religion							
Protestant	20	19	15	40	42	60	45
Catholic	25	18	24	48	44	46	32
Jewish	25	28	26	52	68	69	40

BACKGROUND CHARACTERISTICS AND EMPLOYMENT (cont'd)

Characteristic	Frequency FH	Frequency CPS	Frequency C	Percent Employed FH	Percent Employed CPS	Percent Employed C	Percent on TEP Only FH
XI. Marital Status							
Single	48	43	48	42	47	60	40
Ever-married	22	22	19	59	77	47	36
XII. Aftercare Attendance							
No	34	32	31	44	63	68	41
Yes	35	33	35	51	52	49	34
XIII. Private Psychotherapy							
No	42	30	36	48	60	53	36
Yes	23	31	26	48	58	65	39
XIV. Medication Prescribed							
No	19	7	12	47	86	58	26
Yes	51	58	55	45	53	56	43
XV. Jobs Since Release							
No	57	50	47	40	54	49	42
Yes	13	15	19	77	67	79	23
XVI. When Held 6 Months Job							
37% No Response. Insufficient information.							
XVII. Subject's Recall							
Excellent, Good	46	47	50	52	64	60	41
Fair	24	14	14	33	21	50	33
XVIII. Ease of Involvement							
No Effort	15	22	28	60	59	57	20
Some Effort	55	37	35	42	54	57	44
XIX. Likelihood of Rehospitalization							
Likely	45	47	49	47	53	57	36
Unlikely	24	12	15	46	67	53	46
XX. Wing Inventory							
0-3	36	36	38	44	50	53	39
4-6	26	18	19	58	67	53	31
7+	7	7	10	28	71	80	71
XXI. Mental Status Schedule (Total Score)							
≤41 (Low)	36	29	34	47	72	56	39
≥42 (High)	34	36	33	47	44	58	38

BACKGROUND CHARACTERISTICS AND EMPLOYMENT (cont'd)

Characteristic	Frequency FH	Frequency CPS	Frequency C	Percent Employed FH	Percent Employed CPS	Percent Employed C	Percent on TEP only FH
XXII. Srole Anomie Scale							
0	20	15	18	50	73	56	40
1-2	30	29	28	43	62	64	43
3-4	17	17	13	41	35	54	35
XXIII. Parental S.E.S.							
Low	24	34	24	46	53	54	33
High	30	24	37	63	71	68	53
XXIV. No. of Prior Hospitalizations							
1 and 2	32	34	40	50	56	63	41
3 or more	38	31	27	45	61	44	37
XXV. Total Months Hospitalized							
1-30	40	43	54	53	58	57	43
31-300	30	22	13	40	55	54	33

Further Description of Instruments Used

Wing Inventory of Symptoms

These items, originated by J. K. Wing, M.D., of Maudsley Hospital, England, are as follows:

How many days during the last seven days did you have the following problems?

1) Not being able to get up in the morning.
2) Feeling nervous during most of the day.
3) Feeling lonely and depressed most of the day.
4) Having arguments with your family.
5) Not being able to get to sleep for a long time after you go to bed.
6) Losing your temper.
7) Wanting to avoid being with people.
8) Having upsetting thoughts or ideas.
9) Failing to keep an appointment.

The distribution of the number of problems experienced at all during the prior seven days is shown in the table.

TABLE XX

Wing Inventory of Symptoms, Number of Problems Experienced during the Seven Days Prior to Intake

Number of Problems	F.H. f	F.H. (%)	C.P.S. f	C.P.S. (%)	Control f	Control (%)	Total f	Total (%)
0	16	(23)	13	(21)	10	(15)	39	(20)
1-2	16	(23)	11	(18)	22	(33)	49	(25)
3-4	10	(14)	17	(27)	13	(19)	40	(20)
5-6	20	(29)	14	(23)	12	(18)	46	(23)
7-9	7	(10)	7	(11)	10	(15)	24	(12)
Total	69	(99)	62	(100)	67	(100)	198	(100)

Srole Anomie Scale[1]

The subject indicates his agreement or disagreement with the following items (the score consists of the number of items judged "true"):

1) There is little use writing public officials because often they aren't really interested in the problems of the average man.

2) Nowadays a person has to live pretty much for today and let tomorrow take care of itself.

3) It is hardly fair to bring children into the world the way things look for the future.

4) These days a person doesn't really know whom he can count on.

5) In spite of what some people say, the lot of the average man is getting worse, not better.

The present research population is compared with Srole's original sample of Springfield, Massachusetts transit riders in the following table:

Percentage Distribution of Anomie Scores

Score	Srole's Springfield Sample	SRS Research Population
0	16	27
1	25	28
2	20	19
3	21	13
4	13	9
5	5	3
Total	100	101

Srole Index of Parental Socio-Economic Status

The occupation and education of the subject's father were determined by a questionnaire administered during the interview given at the end of the study and from various other sources in the research files. In cases where the father was not living with the subject in the latter's youth, the occupation and education of the mother or guardian were used. These two measures were combined and a six-level stratification for the research population was generated, according to the method described by Srole.[2] These socio-economic status levels are specific to this research population and do not represent the stratification in society at large.

Mental Status Schedule (MSS) and Psychiatric Status Schedule (PSS)

As described in Chapter III of this report, the scoring system for these instruments is based on a factor analysis of the MSS protocols of 2,000 psychiatric hospital admissions. Each item is assigned to a factor scale, which is a pool of mutually intercorrelated items.

The factor analysis yielded scales at two levels of generality. On a higher level. each of the items is assigned to to one of three "macro" scales. On the lower level, each of the items is assigned to one of thirteen factor-based scales. The subject's raw score on each factor is translated in a "T" score, in which the mean score of the standardiziation population (N=2,000) is set at 50 and its standard deviation at 10. Thus if a subject's score is 35 on a particular factor scale we know that he scored one and a half standard deviations below the standardiziation population's mean on that factor scale. If a research sample's standard deviation is, for example, 5, we know that the sample exhibits less variation in scores on that particular factor than did the standardization population.

The three macro scales and thirteen lower level scales are described by the authors as follows[3]:

Macro-Scales

I. Feelings-Concerns (72 items). Reports of worrying, depression, guilt, anxiety, feelings of inadequacy, social discomfort, impaired concentration, suicidal preoccupation, indecisiveness and other similarly dysphoric complaints.

II. Confusion-Retardation (50 items). Evidence of intense preoccupation, disorientation, impaired recent and remote memory, incoherence and impoverished communication. This factor was named Confusion-Retardation, although many of its elements are subsumed under the concept of withdrawal.

III. Delusions-Hallucinations (40 items). Overt psychotic manifestations involving a variety of delusions, hallucinations of all types, and impaired insight.

Lower Level Scales

4. Inappropriate or Bizarre Appearance or Behavior (14 items) Appearance, physical behavior, or acts which would be considered odd, strange, inappropriate or bizarre by most untrained persons (e.g., inappropriate or slovenly dress, displaying rituals, talking to self, posturing, grimacing).

5. Belligerence-Negativism (18 items). Observed or reported overt hostile belligerence or negativism (e.g., refusal to answer questions, sarcasm, argumentativeness, shouting, expressing hatred, diffuse or focused acts or threats of violence against people or things.

6. Agitation-Excitement (8 items). Overt signs of agitation or excitement (e.g., inability to sit still, pacing accelerated speech.

7. Retardation-Emotional Withdrawal (15 items). Visible signs of retardation in speech and movement, a tendency to ignore the surroundings, and flattening of affect or a general lack of emotional responsivity (e.g., speaks slowly, says few words, little or no outward sign of emotion, moves slowly).

8. Speech Disorganization (13 items). Impairment in the form or organization of speech (e.g., aimless or excessively detailed speech, saying things in juxtaposition which have little or no logical or inherent relationship, rapid changes of topic so that ideas are not completed, irrelevance, and incoherence).

9. Suspicion-Persecution-Hallucinations (25 items). Distrustfulness; feelings of having been mistreated, taken advantage of, tricked or pushed around; ideas of reference; delusions of being stared at, poisoned, persecuted, having his mind read or being controlled; and auditory hallucinations which mock, threaten or command.

10. Grandiosity (6 items). Inflated appraisal of own worth, contacts, power or knowledge; delusions of power, status, or knowledge; and hallucinations with a grandiose connotation.

11. Depression-Anxiety (51 items). Reports of subjective feelings and concerns, and disturbances or psychophysiological dysfunctions that may be associated with the depressive, anxious, phobic or obsessive comuplsive syndromes (e.g., worries, broods, feels anxious or depressed, feels inadequate, has phobia(s) or many fears, complains of insomnia or bad appetite, claims poor memory or inability to concentrate, has obsessions or compulsions).

12. Suicide-Self Mutilation (5 items). Suicidal thoughts or preoccupation, and thoughts or acts of self mutilation.

13. Somatic Concerns (10 items). Preoccupations with a real or imagined physical complaint or disability; hypochondriasis; conversion reaction; and somatic delusions or hallucinations.

14. Social Isolation (5 items). Lack of friends, seclusiveness, avoidance of contact or involvement with others, preference for solitary activities, and feelings of isolation, rejection or discomfort with people.

15. Disorientation-Memory (13 items). Visible signs of disorientation as to time, place and person, and impairment in recent or remote memory.

16. Denial of Illness (10 items). The extent to which the patient denies, despite the evidence, that his current symptoms have psychiatric significance or that he is ill or needs psychiatric help, or needs to change his attitude in some specific way (e.g., places major blame for his illness, situation or hospitalization on someone else, insists other people should change but not he, gives an absurd, facetious or delusional explanation for his difficulties).

The P.S.S. yields similar factor scales, plus additional scales dealing with daily routine and leisure time impairment, alcohol abuse, and drug abuse. In addition, if the subject fills any of six roles, his functioning in those roles is evaluated.

TABLE XXI

Mean Scale Scores of Research Groups on Initial M.S.S.

Scale	FH	CPS	C
Total Score	43.31	42.28	44.25
I Feelings-concerns	47.86	47.77	50.46
II Confusion-retardation	45.71	45.15	45.24
III Delusions-hallucinations	44.94	43.66	43.91
4 Inappropriate-bizarre	49.53	48.46	48.96
5 Belligerence-negativism	45 09	45.40	45.33
6 Agitation-excitement	47.36	47.03	47.46
7 Retardation-emotional withdrawal	44.77	45.29	46.34
8 Speech disorganization	46.91	45.63	44.33
9 Suspicion-persecution-hallucinations	44.75	43.82	45.13
10 Grandiosity	46.67	46.98	46.94
11 Depression-anxiety	47.87	48.68	50.21
12 Suicide-self mutilation	49.99	50.20	48.46
13 Somatic concerns	46.31	45.83	48.18
14 Social isolation	49.69	49.09	51.60
15 Disorientation-memory	47.57	47.26	46.75
16 Denial of illness	47.49	45.20	44.45

NOTE: None of the differences among groups are significant.

Footnotes

1. Srole, Leo. Social integration and certain corollaries: an exploratory study. *American Sociological Review*. 1956, *21*,
2. Srole, Leo et al. *Mental Health in the Metropolis*. New York: McGraw-Hill, 1962.

3. Spitzer, Robert L. et al. Mental Status Schedule: properties of factor analytically derived scales. Archives of General Psychiatry, 1967, 16, 479-493.

APPLICATION FOR MEMBERSHIP IN THE FOUNTAIN HOUSE PROGRAM

Guest Book No.___ Date: _____ _____ _____ Staff Worker _______________
Month Day Year

1. Miss, Mrs. Mr. _______________ _______________ ______
Last Name First Name Initial

2. ______________________ _______________ Telephone _______
Street Address & Town Borough

3. Date of Birth: ______ ____ ____ 4. Age at Last Birthday _______

5. Have you ever been in a psychiatric hospital? ____ ____
Yes No

6. If Yes, what is the name of your last hospital? _______________

7. Is this hospital in New York State? ____ ____
Yes No

8. Is this a V.A. hospital? ____ ____
Yes No

9a. When did you enter? _______ _______ _______
Month Day Year

b. When released: ______ ______ ______ c. Not released _________
Month Day Year

10. Are you currently employed? ____ ____ ________ ________
Yes No Housewife Student

11. Have you ever before applied for membership to Fountain House? Yes__ No__

12. Can you travel on your own to Fountain House? ____ ____
Yes No

13. Are you taking any educational courses or attending any training program during the daytime hours? Yes_____ No_____

If Yes: Name of School or Agency_______________

Type of Courses Taken_______________

Number of Hours required per week_____________

14. Would you like to be employed at some time during the next 12 months?

Yes_____ No_____

15. Who referred you to Fountain House? Name: _______________________

Address: _______________________

____

Professional relationship if any: ____________________

16, M____ F____

17. Race:__________

18. Religion:____________

19. Marital Status:_____ single _______ married __________ previously married

20. How many times have you been in a psychiatric hospital?________________

21. How old were you when you were first hospitalized? ______Years old

22. Are you being seen at an aftercare clinic? Yes_____ No_____

If Yes, what is the name of the clinic?____________________

What is the name of the doctor you see?____________________

What is the name of the social worker you see?____________________

23. Do you see a psychiatrist or therapist privately or at a mental hygiene clinic other than aftercare? Yes_____ No _____

If Yes, name of therapist____________________

Title____________________

Address____________________

Clinic if not same address____________________

24. Is medication prescribed for you? Yes_____ No_____

Type:__________ Dosage:________ Times per day:___________

25, What are your sources of income? Check all that apply.

Employment____________ V.A. Pension_______________

Department of Welfare_____________ Social Security________

Family______________ Savings___________

26. Are you a member of Alcoholics Anonymous? Yes_____ No_____

27. How far did you go in school? ________________

28. Father's occupation________________

29. Persons living with________________

30. What was your main reason for applying to Fountain House?___________

31. Address of relative or friend to supply new address if applicant should move, and other persons who he feels have an interest in his welfare. (Please get as complete information as possible.)

SPECIFY RELATIONSHIP

Name:____

Address:____

Relationship:______________

Telephone:________________

(Make call to determine group assignment)

32. FOR (C) ASSIGNMENT:
To what agency(s) was the applicant referred? Reason for referral

Agency__________________________________ _______________

Agency__________________________________ _______________

We may need information from your doctor or hospital.

Please sign the following statement at the two places shown giving the date each time.

THIS IS TO CERTIFY that I have given the FOUNTAIN HOUSE FOUNDATION, INC. permission to secure and given such information as it may deem necessary for its professional use. This permission is explicitly inclusive of medical or hospital records and psychological data.

Signature____________________

Date____________________

(Above authorization is repeated)

RECENT JOB HISTORY

1. Since your release from your last hospitalization, how many jobs have you held?________

If worked: For each job since release, get the following information--Starting with the last job and ending with the first job, i.e. the most recent job. (Part time is under 35 hours a week.)

Last job a. Type of job________________________

b. Part time____ Full time____

c. How many months, weeks or days worked.

____Months ____Weeks ____Days

Next to last job, etc. a. Type of job_____b. Part time____Full time___

c. How many months, weeks, or days worked.____Months____ Weeks ____Days

INTAKE SUBJECT FORM

1. What is your name? ____________________

2. In what country were you born? ____________

If you were not born in the U.S., at what age did you come to the U.S.? _____

3. What is the name of the town or city you lived in the longest before you were 16 years old? ____________________
(Town or City) (State)

4. What is your marital status?

Single	1_____	Divorced	4_____
Married	2_____	Widowed	5_____
Separated	3_____	Annulled	6_____

a. How many children do you have? _____

b. If you have ever married, at what age did you marry? _____

5. Have you ever been in any of the military services (excluding the National Guard)? Yes_____ No_____

Are you eligible for any veterans' benefits such as medical or financial assistance? Yes_____ No_____

6. How many people do you live with? _____ How many of them work? ____

7. Circle the number of brothers and sisters you have. 0 1 2 3 4 5 6 7 8

8. Circle the number of them who are older than you. 0 1 2 3 4 5 6 7 8

9. What is your family's religious preference?

Protestant	1_____	Greek Orth	4_____
Jewish	2_____	Other	5_____
Catholic	3_____	None	6_____

10. What was your father's job (or the job of the person with whom you were living) when you were high school age? ____________________

11. In what country was your father born? ____________________

12. In what country was your mother born? ____________________

13. Is your mother living? Yes_____ No_____

14. Is your father living? Yes_____ No_____

15. How much schooling did your father have?

7th Grade or less	1____
Completed 8th grade	2____
Some high school	3____
Finished high school	4____
Some college	5____
College Graduate	6____

16. How much schooling did your mother have?

7th Grade or less 1____
Completed 8th grade 2____
Some high school 3____
Finished high school 4____
Some College 5____
College graduate 6____

17. What is the highest grade you finised in school?

7th Grade or less 1____
Completed 8th grade 2____
Some high school 3____
Finished high school 4____
Some college 5____
College graduate 6____

18. Have you received any specialized training in a trade, business or graduate school? Yes____ No____

19. What is your total monthly income? $______

NOW WE WANT TO KNOW ABOUT THE JOBS YOU HAVE HAD AND THE KIND OF JOB YOU WANT

20. Have you ever had a full time job? Yes____ No____

21. How many jobs have you held during the last two years? ____

22. How many months were you employed during the past two years? ____

23. Please tell us about your last paid job. What kind of work did you do on this job? ________________________________

a. How many hours a week did you usually work?

40 or more hours 1____
20 to 40 hours 2____
Less than 20 hours 3____

b. How long did you work? ____years ____months

c. When did you finish this job? ______________
(month-year)

d. What was your weekly pay? $____

24. What was the longest time you held any one job? ____years ___months

a. When did that job end?

This year 1____
Last year 2____
Several years ago 3____
About 5 years ago 4___
6 to 10 years ago 5___
Over 10 years ago 6___

25. What was the weekly pay of the best paying job you ever held? ____

a. How long did you work on that job? ____years ____months

b. When did that job end?

This year 1____
Last year 2____
Several years ago 3____
About 5 years ago 4___
6 to 10 years ago 5___
Over 10 years ago 6___

26. Have you ever been a member of any labor union? Yes_____ No_____

If yes, which one? ______________________________

What was the last year you paid dues? _________

27. Do you have any physical disability or physical condition that prevents you from working? Yes____ No_____

28. Have you looked for work at all in the last two weeks?
Yes_____ No_____

If yes, how many days were you wout of the house looking for work?
_____

29. Have you gone to a vocational counseling service in the past month? Yes_____ No_____

30. Have you gone to an employment agency in the last month?
Yes_____ No_____

31. Check any of the following you have ever used when looking for a job.
New York State Employment Service.. 1_____
Commercial employment agencies..... 2_____
Previous employers.................. 3_____
Union or professional organizations 4_____
Newspapers... 6_____
Friends...... 7_____
Family....... 8_____
Other (specify)9_____

32. Do any of your friends and relatives think you should get a job within a month? Yes_____ No_____

33. If a person has not worked for a while, he should take any job he can get. I agree_____ I disagree_____

34. If a person has not worked for a while he should wait until he gets the job he wants. I agree_____ I disagree_____

35. For your next job, would you accept a part-time job? Yes___No___

36. For your next job, would you accept a full-time job? Yes___No___

37. What is the lowest weekly pay you would accept for a full-time job? $_____

38. What kind of work do you think you will get for your next job?
____

39. Once you start looking for work, how long do you think it will take before you get a job?
One week......... 1_____
Two weeks........ 2_____
A month.......... 3_____
Several months.... 4_____
About a year.....5_____
Over a year.... 6_____
Don't know..... 7_____

40. When you feel ready to work, which of the following jobs would you accept? Check all those jobs you would accept.

Dishwasher.... ____
Sales clerk... ____
Messenger..... ____
Factory worker... ____
None of these.... ____

PLEASE TELL US ABOUT YOUR PSYCHIATRIC HOSPITALIZATIONS AND MEDICATION

41. We would like to know about your most recent psychiatric hospitalization.

a. On the average how many times a month were you visited by friends or relatives?

Never.................. 0____
Less than once a month. 1____
Once a month........... 2____
Twice a month.............. 3____
Three to five times a month 4____
Six or more times a month.. 5____

b. What person visited you most often? ____________________
(Relationship to you)

42. We would like to know the approximate date of your psychiatric hospitalizations and the names of the hospitals you were in.

	Name of Hospital	Month and Year Hospitalized	Month and Year Released
1st			
2nd			
3rd			
4th			
5th			
6th			

43. Have any of your friends or relatives said that they think there is a good chance you will have to go back to the hospital within the next 12 months? Yes____ No____

44. If a person is having severe difficulties should he return to the hospital? Always 1____ Sometimes 2____ Never 3____

45. When people leave the mental hospital, they should avoid associating with people who have been in a mental hospital.
I agree____ I disagree____

46. We want to know how you feel about your chances of going back to the hospital within the next 12 months. Please check the answer which best expresses your feeling.

I will definitely not have to return to the hospital..........1___
There is a slight chance I will have to return to the hospital2___
There is a good chance I will have to return to the hospital..3___
I will probably have to return to the hospital...............4___
I don't know if I will have to return to the hospital.........5___

47. Do you think a psychiatric hospitalization can help a person get over his difficulties: Always 1_____ Sometimes 2_____ Never 3__

48. Do you think a psychiatric hospitalization may create more difficulties than it solves?
Always 1_____ Sometimes 2_____ Never 3___

49. If a person is having troubles, there aren't any agencies in the city who really want to help him. I agree_____ I disagree _____

50. Are you now going to any clinic either to see about medication or to talk to a psychiatrist or social worker? Yes_____ No_____

If yes: a. How many times did you go to your clinic during the past month? _____

b. Do you talk mostly about medication when you go?
Yes_____ No_____

c. Is there a charge for your visits? ________________

51. Are you going to any clinic or private doctor for any physical ailments? Yes_____ No_____

If yes: a. What is your physical ailment?________________

b. How many visits have you made in the past month?_____

c. Who pays for your treatment?________________

52. Other than contact you may have with a psychiatrist in a clinic, are you seeing a therapist or psychiatrist on a private basis?
Yes_____ No_____

If yes: a. How many times a month do you see him? _____

b. How much does he charge for each visit? $_______

c. Who pays for your treatment? ________________

53. Are you supposed to take any psychiatric medication? Yes___ No___

If yes: a. Who is the doctor who prescribes it?________________
Name of the Agency________________

b. Did you take your medication every time you were supposed to during the last 7 days? Yes_____ No_____

c. Does anyone remind you to take your medication?
Yes_____ No_____

If someone does, who is it?____________________

d. Who pays for your medication?__________________

e. Do you feel that your medication bothers you in any way? Yes_____ No_____ Don't know_____

f. Do you feel that your medication helps you in any way? Yes____ No _____ Don't know_____

g. Do you feel that your medication bothers you more than it helps you? Yes_____ No_____

FOLLOWING ARE SOME STATEMENTS ABOUT PEOPLE. DO YOU AGREE OR DISAGREE WITH THEM? Circle True if you agree or False if you disagree.

54. There is little use writing to public officials because often they aren't really interested in the problems of the average man. True False

55. Nowadays a person has to live pretty much for today and let tomorrow take care of itself. True False

56. I don't always tell the truth. True False

57. In spite of what some people say, the lot of the average man is getting worse, not better. True False

58. It's hardly fair to bring children into the world with the way things look for the future. True False

59. I would rather win than lose a game. True False

60. These days a person doesn't really know whom he can count on. True False

61. Most employers will not hire former mental patients. True False

62. It doesn't really pay to explain things to other people because they rarely understand you. True False

EVERYONE HAS SOME DIFFICULTIES AND WORRIES. WOULD YOU PLEASE ANSWER SOME QUESTIONS ABOUT HOW YOU FEEL?

63. Everybody has some things he worries about more or less. Would you say you worry more now than you did 6 months ago, or not as much? More...1___ About the same...2___ Not as much...3___ Never worry...4___

64. Taking things all together, how would you say things are these days-
Would you say you are: Very happy...1___ Pretty happy...2___
Not too happy...3____

65. Compared with your life today, how do you think things will be for you one year from now, happier, not quite as happy, or what?
Happier...1_____ Not quite as happy...2_____ About the same 3_____

66. How many days during the last 7 days did you have the following problems? Circle the number of days.

Number of Days

Not being able to get up in the morning........None 1 2 3 4 5 6 7

Feeling nervous during most of the day.........None 1 2 3 4 5 6 7

Feeling lonely and depressed most of the day...None 1 2 3 4 5 6 7

Having arguments with your family..............None 1 2 3 4 5 6 7

Not being able to get to sleep for a long).....None 1 2 3 4 5 6 7
time after you go to bed.)

Losing your temper.............................None 1 2 3 4 5 6 7

Wanting to avoid being with people.............None 1 2 3 4 5 6 7

Having upsetting thoughts or ideas.............None 1 2 3 4 5 6 7

Failing to keep an appointment.................None 1 2 3 4 5 6 7

67. Did anyone make your bed for you during the last 7 days? Yes__No__

68. Did anyone clean your room for you during the last 7 days?
Yes_____ No_____

NOW WE WOULD LIKE TO KNOW ABOUT YOUR FRIENDS AND RELATIVES

69. Which of your relatives live in the New York City area? Check the ones below.

Wife or husband...._____
Daughter or son...._____
Father............._____
Mother............._____
Sisters............_____
Brothers.........._____
Aunts or uncles..._____
In-laws..........._____
Others............_____

a. About how many relatives do you have in the New York City area?

b. How many of these relatives excluding those relatives with whom you live, have you gotten together within the last 14 days?____

c. How many different times did you get together with a relative(s) in the last 14 days? _____

70. About how many friends and acquaintances do you have in the New York City area? _____

a. How many of them have you gotten together with during the last 14 days? _____

b. How many different times did you get together with any of them in the last 14 days? _____

c. In your friendships, who makes most of the decisions about what you do together?
My friend(s) makes most of the decisions 1_____
We both make the decisions.............. 2_____
I make most of the decisions............ 3_____

71. In spite of what some people say, no matter how hard you try, it never adds up to much. I agree_____ I disagree _____

72. It's hard to ever know how a person really feels about you.
I agree_____ I disagree _____

73. Most people feel imposed upon whenever you ask them for a favor no matter how small it may be. I agree_____ I disagree_____

74. We would like you to try to recall the way you usually spent your time when you were an adolescent between the ages of 12 and 18. We know it is difficult to remember that far back but do the best you can.

a. Check the answer below which best describes how you usually spent your time after school and on weekends.
I usually was by myself.......................1_____
Once in a while I got together with someone...2_____
Usually I was with a friend...................3_____
Usually I was with a few friends..............4_____

b. Was there ever a bunch of fellows you would hang around with after school and on weekends? Check the answer that applies to you.
I never or rarely gottogether with a bunch 1_____
Once in a while I got together with a bunch2_____
I usually got together with a bunch........3_____

c. In your friendships during your adolescence, who used to make most of the decisions about what you would do together?
My friend(s) made most of the decisions 1_____
Weboth made the decisions.............. 2_____
I made most of the decisions........... 3_____

d. What was the longest time you went without getting together with your friends after school or on weekends? Check the one that applied to you.

A few weeks...1_____
A few months..2_____
About a year..3_____
Two to three years.....4_____
I was mostly by myself 5_____

e. About how old were you when you began to be mostly by yourself after school and on weekends? _____ years old. Never was mostly by myself_____

75. Who do you spend holidays like Thanksgiving with?
Nobody..........._____
Parents.........._____
Social worker...._____
Brother or sister_____
Doctor.........._____
Friend.........._____
Spouse.........._____
Other relative.._____

76. Who do you spend time with when you don't want to be alone?
Nobody..........._____
Parents.........._____
Social worker...._____
Brother or sister_____
Doctor.........._____
Friend.........._____
Spouse.........._____
Other relative.._____

77. Who do you go to the movies with?
Nobody..........._____
Parents.........._____
Social worker...._____
Brother or sister_____
Doctor.........._____
Friend.........._____
Spouse.........._____
Other relative.._____

78. Who prepares your meals when you get sick?
Nobody..........._____
Parents.........._____
Social worker...._____
Brother or sister_____
Doctor.........._____
Friend.........._____
Spouse.........._____
Other relative.._____

79. Who do you ask when you need a favor?
Nobody..........._____
Parents.........._____
Social worker...._____
Brother or sister_____
Doctor.........._____
Friend.........._____
Spouse.........._____
Other relative.._____

80. Who do you borrow money from?
Nobody..........._____
Parents.........._____
Social worker...._____
Brother or sister_____
Doctor.........._____
Friend.........._____
Spouse.........._____
Other relative.._____

WE WANT TO KNOW WHAT YOUR INTERESTS MIGHT BE AND HOW YOU SPEND YOUR TIME

81. During the last 7 days on how many days did you do any of the following? Circle the number of days.

Number of days

Go to a party or go dancing..................None 1 2 3 4 5 6 7

Stay home most of the day not doing much of anything..................None 1 2 3 4 5 6 7

Go to a political club meeting..................None 1 2 3 4 5 6 7

Visit a penny arcade, carnival, circus or bazaar..................None 1 2 3 4 5 6 7

Go to a bar..................None 1 2 3 4 5 6 7

Go to a movie, play, concert or opera or sporting event..................None 1 2 3 4 5 6 7

Watch T.V..................None 1 2 3 4 5 6 7

Take a walk or go for a ride..................None 1 2 3 4 5 6 7

Play cards, checkers or some other game......None 1 2 3 4 5 6 7

Play some sports or do some physical exerciseNone 1 2 3 4 5 6 7

Read a newspaper..................None 1 2 3 4 5 6 7

Go to church or synagogue..................None 1 2 3 4 5 6 7

Read a magazine or book..................None 1 2 3 4 5 6 7

Fall asleep before 12 midnight..................None 1 2 3 4 5 6 7

Stay home most of the evening not doing much of anything..................None 1 2 3 4 5 6 7

Resting most of the day..................None 1 2 3 4 5 6 7

Hang around a place like a candy store where people are..................None 1 2 3 4 5 6 7

Phone a friend or acquaintance..................None 1 2 3 4 5 6 7

Go to a museum or library..................None 1 2 3 4 5 6 7

Go to a "Y" or social club..................None 1 2 3 4 5 6 7

Get out of the house by 9:00 a.m..................None 1 2 3 4 5 6 7

Attend a meeting of a club or organization you belong to..................None 1 2 3 4 5 6 7

82. During the last 7 days on how many days did you do any of the following. Circle the number of days.

Number of Days

Take courses or do something educational, like study..................None 1 2 3 4 5 6 7

Do volunteer work..................None 1 2 3 4 5 6 7

Help around the house or fix up your room....None 1 2 3 4 5 6 7

Take care of a pet..................None 1 2 3 4 5 6 7

Entertain someone at your home..................None 1 2 3 4 5 6 7

Run out of food or rent money before the end of the week..................None 1 2 3 4 5 6 7

Do the shopping..................None 1 2 3 4 5 6 7

Write a letter..................None 1 2 3 4 5 6 7

Engage in a hobby such as collecting stamps or coins, etc..................None 1 2 3 4 5 6 7

Take care of a sick or old person or child...None 1 2 3 4 5 6 7

Do odd jobs around the neighborhood.........None 1 2 3 4 5 6 7

Take care of your laundry and dry cleaning.....None 1 2 3 4 5 6 7
Engage in some arts or craft such as photography, cooking, carpentry, sewing, painting or playing the piano.......................None 1 2 3 4 5 6 7
Help a friend or relative.....................None 1 2 3 4 5 6 7

83. Did anyone manage your money for you during the last 7 days?
Yes_____ No_____

84. Did anyone have to get you up in the morning during the last 7 days?
Yes_____ No_____

85. Did anyone have to remind you about your appointment during the last 7 days? Yes_____ No_____

86. Do you want to take any courses or special training in the coming year? Yes_____ No_____ Don't know_____

If yes, what courses or training would you like to take?

____

DESIGN OF THE RESEARCH STUDY

SUPPORTED, IN PART, BY THE NIMH

Subjects for the study were drawn from those who applied to Fountain House between June 1959 and January 1962 who, in addition to meeting the minimal Fountain House membership criteria, had the following characteristics:

1. All subjects must have had at least a 60-day psychiatric hospitalization.
2. All subjects had to have had their most recent hospital release within four months of intake.
3. No subject was accepted for this research who had ever completed application to Fountain House previously.
4. All subjects were residents of New York City.
5. All subjects had to be between 18 and 65 years old at intake.

The research population was divided in four equal size groups assigned by the method of rotation at intake. At application new members were consecutively assigned to Experimental groups 1, 2, 3 or Control. This rotational pattern continued until a sufficient population was accumulated. In this manner a research population of 252 Experimental and 81 Control subjects was established. Under the minimal assumption that subjects come to apply in an essentially random sequence, the assignment method is random.

Control Group

The Control Group was made up of those who were refused membership, although they were acceptable candidates. These subjects were referred to other agencies in the community and told that the reason for not being accepted was that Fountain House always had had more applicants than the program could absorb and that the agency never maintained a waiting list.

The Experimental group was divided into three sub-groups, each of which is described below.

Experimental Group 3

This group of subjects was accepted into the regular day program, which, with the highly developed social-recreational program, operated seven days a week, and offered a wide range of group and individual activities. Participation by an Experimental 3 subject was completely optional. There was no active influence by the staff on these members to participate.

Experimental Group 2

The members of this group were handled identically with those in Experimental Group 3 with one exception. A special effort was made to draw those members into the day program who had not returned to Fountain House on their own initiative. This follow-up or "reaching-out" included telephone calls, and home visits made by staff, volunteers and certain members. It was hoped that by making this effort for a period of one month after intake, more subjects would be drawn into Fountain House and thus provide a more adequate measure of the program. After the first month, participation was made optional as in Experimental Group 3.

Experimental Group 1

A more intensive regimen was established for this group. At intake each of the subjects was assigned to a specific professional worker who took on the responsibility of "reaching-out" to the patient in terms of his interest, needs, and motivation. This intensive program was maintained for a full year after intake. After the 12 month period, participation was made optional as in Experimental Group 3.

It should be emphasized that the "reaching out" efforts in Experimental Groups 1 and 2 were directed toward the initial engagement of subjects in the program. Once any member, whether he is a research subject or not, becomes involved in the Fountain House program, he establishes relationships which tend to draw him toward the agency. For example, members who have been working in a particular program area and then begin to withdraw from it are contacted by the area worker who attempts to maintain the members' involvement, regardless of the members' research status.

Prior to their assignment to research groups, each subject was interviewed. This interview schedule provided the primary source of information on general background, employment and hospitalization history, education, professional contact, medication, living conditions and intake interviewer's evaluation of the subject. Additional pre-study data were obtained from medical summaries from hospitals, after-care clinics or private therapists, from intake worker's comments and in a large number of cases, from the New York State Department of Mental Hygiene.

Each subject, both Experimental and Control, was followed for 24 months. A Quarterly Survey, to cover each three month interval, was developed to record information concerning rehospitalization, employment, medication, school, living quarters and living conditions as well as other agency contacts. This information was gathered either in person or by phone or written contact with each member or other informant.

In addition to the Quarterly Survey, other data was gathered. Periodic contacts with the New York State Department of Mental Hygiene provided us with more formal information on hospital status. For the

Experimental groups, we gathered dictation and reports at weekly conferences from the various program staff members. Finally, attendance records were kept for the Experimental groups.

Description of NIMH Study Population

The population had a slight predominance of males. The median age was 32, with 60% of the population being between 24 and 43 years of age at the time of intake. Eighty-five percent were white, and, within a span of 11 percentage points, Protestants, Catholics and Jews were about equally represented. Sixty percent had graduated from high school and about a third had at least some college experience.

The largest portion (45%) of the subjects resided in Manhattan, with about half that percentage living each in Brooklyn and the Bronx, and a remaining 13% living in Queens. Half lived with their parents and 44% had their families as their chief source of financial support at intake (19% depended primarily on welfare). Only 30% were even married, and two thirds of these marriages had been broken.

The population's vocational disability is shown in that half of the population at the time of intake had not been employed for at least two years or had neven been employed.

The total amount of time that subjects had spent in psychiatric hospitals ranged from two months to approximately 25 years, but the median length was two years. Sixty-one percent had experienced two or more hospitalizations. The great majority (83%) of subjects came to the study after hospitalization at a state hospital, and a similarly large proportion had been most recently diagnosed as suffering from some form of schizophrenia.

At the time of intake, three-quarters of the subjects maintained some form of contact with aftercare clinics. Only 13% were undergoing psychotherapeutic treatment on a private basis. Three-quarters of the subjects had some medication prescribed for them.

RESEARCH BRIEF

This demonstration study evaluated, within a controlled research framework, the rehabilitative services of Fountain House for the discharged psychiatric patient with vocational disability. The objectives of the study were two-fold: first, to determine the extent to which commerce and industry could participate in the process of rehabilitation and secondly, to evaluate the influence of rehabilitative services on the social and vocational adjustment of the psychiatric patient in the community.

A total of 202 subjects were randomly assigned to three research groups. One had available all the services of Fountain House. The second received the services of a vocational counselor, but none of the services of Fountain House. The third, a control group, had available only the services in the community at large.

IMPLICATIONS FOR ACTION

* Private enterprise became an active participant in the vocational rehabilitation of psychiatric patients following hospitalization. Over 40 business firms in New York City provided temporary work opportunities to 160 psychiatric patients at any one time, on both an individual and group basis. Earnings were in excess of $300,000 a year.

* During the study period, over 85% of the Fountain House group underwent a paid work experience either through independent employment or through the agency's work program in industry.

* Availability of services, however, is not equivalent to the full utilization of such services, as shown by high drop-out rates.

* Reaching out efforts must be actively pursued if clients are to undergo the rehabilitation process.

* Initial non-participation in services may be reversed following a rehospitalization or other crises in the life pattern of the client, providing continued interest is expressed in the subject's community adjustment.

* Rehabilitation services for patients immediately following discharge from hospital are significantly more effective than for subjects who have already been in the community from four to 24 months.

* Evaluation research which provides both services and follow-up in an 18 month period presents serious methodological problems. Rehabilitation within an 18 month period for the vocationally disabled psychiatric patient does not provide sufficient time for subjects to participate

in the services and to measure adequately the effects of services provided.

- * Minimal use was made of social-recreational programs in evening hours. Over half of agency subjects failed to attend more than five times during the study period.

FINDINGS

- * A statistically significant reduction occurred in the rehospitalization rate of agency subjects who entered the study within four months following hospitalization, compared to subjects of similar interval in the Control group. Such results were consistent with an earlier study which utilized a 24 months follow-up period.

- * For agency subjects entering the study after four months following release from hospital, the rehospitalization rate was higher than Control subjects with similar interval, but not significantly.

- * The rehospitalization rate for all agency subjects entering the study from 0-4 months and 4-24 months following hospitalization was lower than both the Control group and the rate for the research group receiving vocational counseling services. This finding duplicated the results of an earlier study but the difference was not significant. However, in the earlier study, the reduction in rehospitalization rates became significant at the end of 24 months, in contrast to the nonsignificance in the present study at the point of 18 months.

- * Findings of the present study, as well as earlier work, suggest that 18 months is an insufficient period to provide rehabilitation services and also follow-up information designed to evaluate the effectiveness of the services.

- * Through private industry, as well as independent employment, 85% of the agency subjects underwent paid work experiences in contrast to 57% for both Control and CPS subjects, none of whom had transitional employment available to them.

- * Controlled research can be conducted within a community agency without negative effects upon the referral process or agency services.

- * Excessive drop-outs from a rehabilitation service present severe methodological problems, as well as serious considerations for practice. Accurate assessment is difficult when larger numbers of subjects do not undergo the rehabilitative influence.

* Research groups of 65 to 70 subjects do not lend themselves to effective sub-group analysis and should therefore be avoided.